RECEIVED

By Tracy Crews at 8:18 am, Jul 01, 2024



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT

REPORT #1

THION DIVITIVIANTE INTO INTO INTO INTO INTO INTO INTO INTO	ILLI OILLI		
Complete this report at the time of the regular month Complete this report whenever the instrument is sen Retain the original and send a copy within 15 days to	viced or repaired and whenever	er it is placed into service.	
NAME OF AGENCY 500289 NAME OF AGENCY BOONE COUNTY SHERIFF'S OFFICE			CTION 24
LOCATION OF INSTRUMENT (STREET AND CITY) 2121 E. COUNTY DR, COLUMBIA			CTION
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	if found to be satisfactory or is corrected before using instru	operating within established ment.	l limits. (Write in observed
☑ DIAGNOSTIC RECORD		1 10 1 10 10 10 10 10 10 10 10 10 10 10	
DATE AND TIME 07/01/2024 03:50:38	☑ DETE	CTOR	
☑ PROGRAM		R 1	
SAMPLE CHAMBER 48.8°C			7
☐ BREATH TUBE 48.1°C ☐ FILTER 3			
☑ PUMP ☑ INTERNAL STANDARD			
BREATH ANALYZER ACCURACY STANDARDS	3		
☐ SIMULATOR STANDARD	⊠ COM	PRESSED ETHANOL-GAS	MIXTURE
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG3065	03 EXP. D	ATE 04/05/2025
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXI	P DATE
 ☑ CALIBRATION CHECK - (ONLY ONE STAND Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to t ☑ 0.10% STANDARD - MUST READ BET ☑ 0.08% STANDARD - MUST READ BET ☑ 0.04% STANDARD - MUST READ BET 	he standard being used. WEEN 0.095% AND 0.105% WEEN 0.076% AND 0.084%	INCLUSIVE INCLUSIVE	op.oud
TEST 1: 0.099 TE	ST 2: 0.099	TEST 3: 0.0	098
☑ PERFORM R.F.I. TEST			
INDICATE THE NUMBER OF BREATH TESTS IN	N THE FOLLOWING RANG	ES SINCE THE LAST MAIN	NTENANCE REPORT:
REFUSALS: 0 004: 0 .05	09: 3	2 .1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICA ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	TION THAT WAS MADE TO RESTORE TH	E INSTRUMENT TO OPERATE SATISFA	CTORILY AND WITHIN
INSTRUMENT OPERATING SATISFACTORILY AND WIT	THIN ESTABLISHED LIMITS.		-
INSPECTING OFFICER			
SIGNATURE CAMARIAN MALLA		PRINT FULL NAME JOHNATHAN T WELLS	
TYPE II PERMIT NUMBER 240048	EXPIRATION DATE 04/02/2026	TELEPHONE NUMBER 573-875-1111	
RETURN COMPLETED REPORT TO THE Breat by ma	th Alcohol Program, Missouri ail, fax, or email	Department of Health and Se	enior Services



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Customer Name

Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 7-Mar-2023

Lot # AG306503 Model 108

Exp Date 6-Mar-2025 Cyl. Type 108 **Component** Ethanol Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Nitrogen

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No. Concentration
EB0010581 391.8 ppm
EB0010570 259.8 ppm
EB0010285 209.0 ppm
EB0010561 103.7 ppm
EB0010681 52.22 ppm

RGM Serial No. Concentration
EB0010603 392.5 ppm
EB0010559 258.9 ppm
EB0010562 104.2 ppm
EB0010579 52.94 ppm

CRM Serial No. CC727481 CC727496 Concentration 800.0 ppm 253.0 ppm CRM Serial No. CC727493 CC727498 Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:03.09.2023 20:47

Approved for Release:

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

JOHNATHAN WELLS

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

MA

INA

DATE 4/2/2024	Mike Massur		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 240088			
EXPIRES 4/2/2026	Davla J. Nichelson		
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator WELLS, JOHNATHAN

Permit No 240088

Date Issued 4/2/2024 Date Expires 4/2/2026

