

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

## **RECEIVED**

By Brian Lutmer at 8:25 am, Aug 01, 2024

INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time Complete this report whenever Retain the original and send a complete this report whenever	the instrument is service	d or repaired and w	henever it is placed		2
INTOX DMT SN S00289  NAME OF AGENCY BOONE COUNTY SHERIFF'S OFFI			CE	08/01/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) 2121 E. COUNTY DR, COLUMBIA			e e	TIME OF INSPECTION 03:49:01	
CHECKLIST: Place a mark in to values where determined). Unn	the box by each item if for narked items must be co	ound to be satisfactor rrected before using	ory or is operating w g instrument.	ithin established limits.	(Write in observed
☑ DIAGNOSTIC RECORD					
DATE AND TIME 08/01/	2024 03:49:04	×	DETECTOR		
☑ PROGRAM			FILTER 1		
SAMPLE CHAMBER	48.8°C		☑ FILTER 2		
☐ BREATH TUBE 48.1°	,C		FILTER 3	10 11 1 W 10 11 1	
☑ PUMP			INTERNAL STANI	DARD	
BREATH ANALYZER ACCUR	RACY STANDARDS				
☐ SIMULATOR STANDA	RD		COMPRESSED E	THANOL-GAS MIXTU	RE
STANDARD SUPPLIER IN	TOXIMETERS	LOT#_A	G306503	EXP. DATE	04/05/2025
☐ SIMULATOR TEMP (34°C	± 0.2°C)	SIM. SN		SIM. NIST EXP DAT	
☐ 0.08% STANDARD	ndard. All three tests must be corresponding to the some some server of a MUST READ BETWE of a MUST READ BETWE of a MUST READ BETWE	standard being used EEN 0.095% AND 0 EEN 0.076% AND 0	d. 0.105% INCLUSIVE 0.084% INCLUSIVE		t i
TEST 1: 0.099	TEST	2: 0.099		TEST 3: 0.099	
PERFORM R.F.I. TEST					,
INDICATE THE NUMBER OF	BREATH TESTS IN T	HE FOLLOWING F	RANGES SINCE T	HE LAST MAINTENA	ANCE REPORT:
REFUSALS: 0 004: 5			1014: 1	.1519: 0	OVER .19: 1
LIST ANY NEW PARTS AND DESCRIBE ANY ESTABLISHED LIMITS (USE OTHER SIDE IF	'ALTERATION OR MODIFICATION NECESSARY)	THAT WAS MADE TO RES	TORE THE INSTRUMENT TO		
INSTRUMENT OPERATING SATIS	SFACTORILY AND WITHIN	I ESTABLISHED LIM	ITS.		
INSPECTING OFFICER					
SIGNATURE Odnista Inblu	^		RINT FULL NAME JOHNATHAN WE	ELLS	
TYPE II PERMIT NUMBER  240088		XPIRATION DATE 04/02/2026	573-875-	MBER	
RETURN COMPLETED REPO	Breath A	lcohol Program, Mis ax, or email	ssouri Department c	f Health and Senior Se	ervices



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

**Certified Concentration** 

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

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.	Concentration
CC727481	800.0 ppm
CC727496	253.0 ppm

CRM Serial No.	Con
CC727493	390
CC727498	150

ncentration .0 ppm .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:

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):

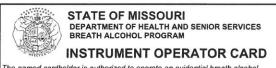
## ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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.

Mike Massur
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
Davis J. Neckelson
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (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 ai in Missouri.

Operator WELLS, JOHNATHAN
Permit No 240088

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

