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By Brian Lutmer at 9:56 am, Nov 04, 2024



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regular month Complete this report whenever the instrument is serv Retain the original and send a copy within 15 days to	riced or repaired and whenev	er it is placed in		
INTOX DMT SN NAME OF AGENCY BOONE COUNT	NAME OF AGENCY BOONE COUNTY SHERIFF'S OFFICE			
LOCATION OF INSTRUMENT (STREET AND CITY) 2121 E. COUNTY DR, COLUMBIA		TIME OF INSPECTION 04:27:36		
CHECKLIST: Place a mark in the box by each item i values where determined). Unmarked items must be	if found to be satisfactory or corrected before using instru	s operating wit	nin established limits.	. (Write in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME 11/04/2024 04:27:39	☑ DET	ECTOR		
☑ PROGRAM		ER 1		
☑ SAMPLE CHAMBER 48.7°C	. 🛛 FILT	ER 2		
☑ BREATH TUBE 48.1°C	☑ FILT	ER 3		
☑ PUMP	■ INTE	RNAL STAND	ARD	
BREATH ANALYZER ACCURACY STANDARDS		Av. 1		
☐ SIMULATOR STANDARD			HANOL-GAS MIXTURE	
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG306	503	EXP. DATE_	04/05/2025
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DAT	E
 ☑ CALIBRATION CHECK - (ONLY ONE STAND. Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to the ☑ 0.10% STANDARD - MUST READ BET ☐ 0.08% STANDARD - MUST READ BET ☐ 0.04% STANDARD - MUST READ BET 	ne standard being used. WEEN 0.095% AND 0.105% WEEN 0.076% AND 0.084%	6 INCLUSIVE	a must nave a sprea	id
TEST 1: 0.099	ST 2: 0.099		TEST 3: 0.099	
PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING RANG	ES SINCE TH	IE LAST MAINTEN	ANCE REPORT:
REFUSALS: 0 004: 7 .05-	.09: 0 .1014:	0	.1519: 3	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICAT ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	TION THAT WAS MADE TO RESTORE TH	HE INSTRUMENT TO	OPERATE SATISFACTORILY	
CLOCK ADJUSTED. INSTRUMENT OPERATING SATISF	ACTORILY AND WITHIN ESTA	ABLISHED LIMIT	S.	
NSPECTING OFFICER				
SIGNATURE SHARL NOW	PRINT FUL JOHN	L NAME IATHAN WEL	LS	
7YPE II PERMIT NUMBER 240088	04/02/2026	573-875-1		
RETURN COMPLETED REPORT TO THE Breath by ma	h Alcohol Program, Missouri iil, fax, or email	Department of	Health and Senior S	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 Ethanol

Certified Concentration

0.100 ± 2% BrAC (260 ppm) Nitrogen

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

Concentration **RGM Serial No.** FB0010581 391.8 ppm EB0010570 259.8 ppm EB0010285 209.0 ppm EB0010561 103.7 ppm EB0010681 52.22 ppm

RGM Serial No. EB0010603 EB0010559 EB0010562 EB0010579

Concentration 392.5 ppm 258.9 ppm 104.2 ppm

52.94 ppm

CRM Serial No.

Concentration 800.0 ppm 253.0 ppm

CRM Serial No. CC727493

CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

CC727481

CC727496

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):

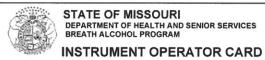
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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.

DATE4/2/2024	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

