

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICE By Tracy Crews at 12:43 pm, Aug 26, 2024 STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE DEPORT

REPORT #1

"FEECE, INTOX DIVIT IVIAIIVIENA	NCE REPORT			TEL OILL W
Complete this report at the time of the regular Complete this report whenever the instrume Retain the original and send a copy within 19	nt is serviced or repaired and	whenever it is placed	cceed 35 days). into service.	
INTOX DMT SN NAME OF AGEN Sikeston		,	DATE OF INSPECTION 08/25/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) S. Kingshighway Sikeston, MO			TIME OF INSPECTION 09:33:42	-
CHECKLIST: Place a mark in the box by eavalues where determined). Unmarked items	ich item if found to be satisfac must be corrected before usi	tory or is operating wi	thin established limits. (Wri	te in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>08/25/2024 09:33</u>	:44_	DETECTOR		
☑ PROGRAM	C	FILTER 1		
☑ SAMPLE CHAMBER 48.8°C	C 🛛 FILTER 2			
☑ BREATH TUBE_45.7°C	[☑ FILTER 3		
☑ PUMP		INTERNAL STANI	DARD	
BREATH ANALYZER ACCURACY STAN	DARDS			
☐ SIMULATOR STANDARD	. [COMPRESSED E	THANOL-GAS MIXTURE	
☑ STANDARD SUPPLIER GUTH	LOT#_:	302402630685	EXP. DATE <u>01/1</u>	12/2026
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE	
□ CALIBRATION CHECK - (ONLY ONE Run three tests using a standard. All thr of .005 or less. Mark the box correspor □ 0.10% STANDARD - MUST RE □ 0.08% STANDARD - MUST RE □ 0.04% STANDARD - MUST RE	nding to the standard being us EAD BETWEEN 0.095% AND EAD BETWEEN 0.076% AND	ed.) 0.105% INCLUSIVE) 0.084% INCLUSIVE		
TEST 1: 0.100	TEST 2: 0.099		TEST 3: 0.099	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TE	STS IN THE FOLLOWING F	ANGES SINCE THE	LAST MAINTENANCE RI	EPORT:
REFUSALS: 0 004: 1	.0509: 0	.1014: 0	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OF ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	REPORTED THAT WAS MADE TO R	ESTORE THE INSTRUMENT T	O OPERATE SATISFACTORILY AND V	VITHIN
				which the south of the section of
INSPECTING OFFICER SIGNATURE		PRINT FULL NAME	215-25年,多级省等工作	學。在學科學學學
X AL		DANIEL E JOHN		
TYPE II PERMIT NUMBER 220244	EXPIRATION DATE 10/05/2024	573-471-		
RETURN COMPLETED REPORT TO THE	Breath Alcohol Program, N by mail, fax, or email	Missouri Department o	of Health and Senior Service	es

CERTIFICATE OF ANALYSIS

EBS - ETHANOL BREATH STANDARD

Sales order: 1118532050

Date: March 07, 2023

SIKESTON PUBLIC SAFETY DEPT

IR Breath Alcohol Analyzer

ANALYTICAL ACCURACY: +/-0.002 BrAC or +/-2% whichever is greater.

CALGAZ LOT#: 302-402630685

ETHANOL IN NITROGEN

METHOD OF ANALYSIS:

Product Expiration: January 12, 2026

COMPONENT	PPM	(BrAC)
ETHANOL	260.5PPM	(0.100)
NITROGEN	BAL	
AVERAGE ANALYTICAL VALUE	PPM	(BrAC)
ETHANOL	261.5	(0.100)
REFERENCE STANDARD	CYLINDER	CONCENTRATION PPM
N.M.I. TRACEABLE STANDARDS*	ND38434	260.4

^{*} CERTIFICATION TRACEABLE TO NATIONAL METROLOGY INSTITUTE TRACEABLE STANDARDS

TRACEABILITY

Preparation:

Gas mixtures manufactured with balances calibrated by an ISO 17025 accredited company using NIST traceable weights and meets or exceeds the requirements of NIST Handbook 44.

Traceable certificate numbers 3445312 and 3398673.

Analytical:

Analytical Instruments Calibrated Using NMI Traceable Standards. Certification Numbers: A679-20190918, D049803-20220329

No effecting environmental conditions during analysis.

*NMI is recognized by NIST through the Mutual Recognition Agreement (CIPM MRA).

CALGAZ calibration devices were found to meet all applicable requirements of the National Highway Traffic Safety Administration Model Specifications for calibrating units for breath alcohol testers.

Manufactured Date: January 12, 2023

APPROVED BY:

"We certify that all the cylinders for the Lot numbers identified herin are manufactured and tested within the requirements of CFR 49 part 178.65 and that physical and chemical test reports are on file and copies will be furnished upon request."

CALGAZ, a division of Airgas USA LLC

821 Chesapeake Drive, Cambridge, MD 21613-0149

Phone: (410) 228-6400

Fax: (410) 228-4251



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM**



PERMIT TYPE II

DANIEL E. JOHNSON

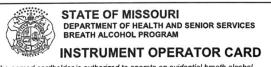
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX DMT

for the determination of the alcoholic content of blood from a san 577.020 through 577.041, RSMo and 306.111 through 306.119	nple of expired air. Permit issued under the provisions of section
377.020 tillough 377.041, NSWO and 300.111 tillough 300.110	Mike Massur
DATE10/5/2022	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 220244	
EXPIRES 10/5/2024	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 ai. in Missouri.

JOHNSON, DANIEL

Permit No 220244

Date Issued 10/5/2022 Date Expires 10/5/2024

