#### RECEIVED

By Brian Lutmer at 1:40 pm, Mar 17, 2025



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

Complete INTO	EC/IR II	MAINTENANC	E REPORT		
comprere rurs report	at the time of	the many		maintenance check	REPORT
Complete this report at the time of the regular monthly preventive m days). Complete this report whenever the instrument is serviced or r into service. Retain the original and send a copy within 15 days to				epaired and whenev	ver it is placed
TNTOY PC/TP TT CN				the Breath Alcohol	Program Dugg
12825		***************************************		DATE OF INSPEC	TION
LOCATION OF INSTRUMENT	/amount	MARYLAND HEIG	HTS POLICE	03/08/2025	
11911 DOPCETTE DE	(STREET AND CITY)			TIME OF INSPEC	PTON
11911 DORSETT RD. MARYLAND HEIGHTS  CHECKLIST: Place a mark in the box by each item if found to be established limits. (Write in observed values where determine)					
established limit	ark in the box b	y each item if	found to be satis		attic where
established limits. before using instrume	Write in observ	ed values where	determined). Un	marked items must	be corrected
X DIAGNOSTIC RECOR	n .				oc corrected
X BLANK CHECK					
	X CO2 CHECK				
X FC 1 TEMP	EMP CHRO				
X SRC TEMP			X FCB CHECK		
X DET TEMP				N. S. C.	
X BT TEMP			X CRC COMP (	# (* <del>***********************************</del>	
X STD 2 TEMP			X CRC CAL CE	ECK	
X ETH CHECK			X PRINT TEST		
Detend					
BREATH ANALYZER ACC	URACY STANDARI	S			
SIMULATOR SOLUT	ION		COMPREGGER		la
X STANDARD SUPPLIER	INTOXIM	ETERS, INC.		ETHANOL-GAS MIX	TURE
SIMULATOR TEMP (3	4°C +0 2°C		LOT# AG31940	2 EX	P. DATE 07/13/2025
	10.2-07	SIM.	SN	SIM. NIST EX	
X CALIBRATION CHECK	- (ONLY ONE S	TANDARD IS TO	BE USED DED MA	Thomas and the second	
X 0.10% STANDARD 0.08% STANDARD 0.04% STANDARD	- MUST READ BE	TWEEN 0.095% A	ND 0.105% INCLU	SIVE	±5% of the standard value standard solution being
TEST 1 0.098 g/21					
		EST 2 0.098	g/210L	TEST 3 0.0	98 g/210L
INDICATE THE NUMBER	OF BREATH TEST	S IN THE FOLL	OWING RANGES SI	NCE THE LAST MAT	NTENANCE BERORE
				Total Statement of the Control of th	TEMANCE REPORT:
0 0	.04 11 .0	0509 1	.1014 3	.1519 2	OVER .19 1
IST ANY NEW PARTS AND DES	CRIBE ANY ALTERAT	ON OR MODIFICATIO	N THAT WAS MADE TO	RESTORE THE THEORY	OVER .19 1
ATISFACTORILY AND WITHIN	ESTABLISHED LIMITS	USE OTHER SIDE	IF NECESSARY).	CLOTORS THE INSTRUMEN	NT TO OPERATE
NSPECTING OFFICER					e e
IGNATURE/					THE STATE OF THE S
	305		FRINT FULL NAME		
PE II PERMIT NUMBER	EXPIRATION	DAME	LEE JOHNSON		
40105	05/14/2	026	TELEPHONE NUMBER		
			(314)298-870	0	
ETURN COMPLETED	REPORT TO T	HE:			
reath Alcohol Programail, fax, or e-	ram, Missour	i Department	of Hooley		
mail, fax, or e-	mail	obat culette	or nearth and	Senior Servic	es,
MO 580-2899 (5-19)					1
500-2099(5-19)	AN EQUI	AL OPPORTUNITY/AFF	IRMATIVE ACTION EMP	LOYER	
	SCT AT	es provided on a	nondiscriminatory b	asis	LAB 163

Alrgas.

Airdae USALLC (LAB) 3500 Bernard Street St, Louis, Mo. 69103 Phi (814) 598-8700 Pax: (314) 533-7828

## Certificate of Analysis

Customer Name Exclusive Supplier intoximeters, inc. 2081 Craig Road St. Louis, Mo 63148

Test Date: 18-Jul-2023

Concentration

Concentration

390.0 ppm

180.0 ppm

Lot # AG319402 Model 108

Exp Date 13-Jul-2025

Cyl. Type

Component Ethanol

Certified Concentration 0 100 ± 2% BrAC (272 ppm)

Cartification Traceable to N.I.S.T. RGM and to GRM Ethanel Standard

RGM Serial No. Concentration EB0010581 391.8 ppm EB0010570 259.6 ppm 209.0 ppm 103,7 ppm 52,22 ppm EB0010285 EB0010581 EB0010661

CRM Sprial No. QQ727481 00727496

Concentration 800.0 ppm 253.0 ppm

Main Serial No. EBU010803 EB0010559 EB0010562

392.5 ppm 259.9 ppm 104.2 ppm 30010579 52.94 ppm

CRW Serial No. CC727493 CC727498

Analytical Mathod: NDIR

ad by:Cually Control Data alandars call loaken of analysis Pagan Lio (Lab)

Approved for Release:

Rod Maraala

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



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



# PERMIT

LEE JOHNSON is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, for the determination of the alcoholic content of blood from a sample of expired air. Permit saued under the provisions of sections DATE \_\_\_5/14/2024 NUMBER 240105 RECTOR OF STATE PUBLIC HEALTH LABORATORY EXPIRES 5/14/2026 MQ 560-9771 (6-10) DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB-4 (R8-10)



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

### INSTRUMENT OPERATOR CARD

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

Permit No

JOHNSON, LEE 240105

Date Issued 5/14/2024

Date Expires 6/14/2026

