

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

REPORT #1

INTOX DMT MAINTE	NANCE REPORT			REFORT#1
Complete this report at the time of the re Complete this report whenever the instru Retain the original and send a copy withi	ment is serviced or repaired a	nd whenever it is place		
INTOX DMT SN NAME OF A	AGENCY OUIS COUNTY POLICE D	EPARTMENT	DATE OF INSPECTION 01/03/2023	
LOCATION OF INSTRUMENT (STREET AND CITY) 11815 BENHAM ROAD, ST. LOUIS	S		TIME OF INSPECTION 12:16:40	
CHECKLIST: Place a mark in the box b values where determined). Unmarked ite	y each item if found to be satis	factory or is operating using instrument.	within established limits. (Writ	e in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME 01/03/2023 12	:16:42	□ DETECTOR		
☑ PROGRAM		☐ FILTER 1		
☑ SAMPLE CHAMBER 48.8°C		☐ FILTER 2		
☑ BREATH TUBE 47.9°C		☑ FILTER 3		
□ PUMP		☑ INTERNAL STA	NDARD	
BREATH ANALYZER ACCURACY ST	ANDARDS			
☐ SIMULATOR STANDARD		☑ COMPRESSED	ETHANOL-GAS MIXTURE	
☑ STANDARD SUPPLIER INTOXIM	IETERS LOT #	4_ AG211003	EXP. DATE <u>04/2</u>	0/2024
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. S	N	SIM. NIST EXP DATE	
 □ CALIBRATION CHECK - (ONLY CRUN three tests using a standard. All of .005 or less. Mark the box corres □ 0.10% STANDARD - MUST □ 0.08% STANDARD - MUST □ 0.04% STANDARD - MUST 	ponding to the standard being READ BETWEEN 0.095% A READ BETWEEN 0.076% A	used. .ND 0.105% INCLUSI .ND 0.084% INCLUSI	VE VE	
TEST 1: 0.101	TEST 2: 0.100		TEST 3: 0.100	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREAT	H TESTS IN THE FOLLOW	NG RANGES SINCE	THE LAST MAINTENANC	E REPORT:
REFUSALS: 0 004: 0	.0509: 0	.1014: 1	.1519: 2	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSAF		TO RESTORE THE INSTRUMEN	IT TO OPERATE SATISFACTORILY AND V	VITHIN
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER 220173 RETURN COMPLETED REPORT TO	EXPIRATION DATE 06/24/2024		NUMBER 29-8210	
THE STATE OF THE STATE OF THE	by mail, fax, or email	m, iviissouri Departmei	nt of Health and Senior Servic	es



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: 21-Apr-2022

Concentration 392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

Lot # AG211003 Model 108

Exp Date 20-Apr-2024 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	RGM Serial No.
EB0010581	391.8 ppm	EB0010603
EB0010570	259.8 ppm	EB0010559
EB0010285	209.0 ppm	EB0010562
EB0010561	103.7 ppm	EB0010579
EB0010681	52.22 ppm	

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

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:04.28.2022 15:29

Approved for Release:

Rod Marsala

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



MO 580-0771 (8-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

ROBERT TOSIE

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 RSM	Mile Massine
DATE6/24/2022	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 220173	Daves I. Nichelson
EXPIRES 6/24/2024	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES
140 000 0000 100	(AB+4 (F(6-10)