

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 mon	thly preventive maintenar	ice check (not to exc	eed 35 days).			
Complete this report at the time of the regular mon Complete this report whenever the instrument is se Retain the original and send a copy within 15 days	erviced or repaired and wi	nenever it is placed ir	nto service.			
iTOX DMT SN NAME OF AGENCY 500273 Willow Springs Police Department			DATE OF INSPECTION 10/02/2023			
LOCATION OF INSTRUMENT (STREET AND CITY) W. Main Willow Springs			TIME OF INSPECTION 06:14:44			
CHECKLIST: Place a mark in the box by each iter values where determined). Unmarked items must l	m if found to be satisfacto be corrected before using	ory or is operating wit instrument.	hin established limits. (Wr	rite in observed		
☑ DIAGNOSTIC RECORD						
DATE AND TIME 10/02/2023 06:14:46	X	DETECTOR				
☑ PROGRAM ☑ FILTER 1						
☑ SAMPLE CHAMBER 48.9°C						
☑ BREATH TUBE_48.1°C	☑ BREATH TUBE 48.1°C ☑ FILTER 3					
X PUMP	□ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARI	DS					
☐ SIMULATOR STANDARD	X	COMPRESSED ET	THANOL-GAS MIXTURE			
	LOT#_A	G220102	EXP. DATE <u>07/</u>	/20/2024		
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE_			
☑ 0.10% STANDARD - MUST READ B☐ 0.08% STANDARD - MUST READ B☐ 0.04% STANDARD - MUST READ B	BETWEEN 0.076% AND	0.084% INCLUSIVE				
TEST 1: 0.098	1: 0.098 TEST 2: 0.097		TEST 3: 0.097			
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS	S IN THE FOLLOWING	RANGES SINCE T	HE LAST MAINTENAN	CE REPORT:		
		1014: 0	.1519: 0	OVER .19: 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIF ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	FICATION THAT WAS MADE TO RE	STORE THE INSTRUMENT I	O OPERATE SATISFACTORILY AND	DWITHIN		
INSPECTING OFFICER SIGNATURE LUSS TYPE II PERMIT NUMBER 230026	EXPIRATION DATE 02/14/2025	PRINT FULL NAME WES ELLISON TELEPHONE NL	imber 469-3158			
	Breath Alcohol Program, N by mail, fax, or email	lissouri Department	of Health and Senior Serv	vices		



Afrges USA LLC (L/-II) \$500 Bernard Street \$1 Louis Ivio, 63103 Ph; (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Test Date: 20-Jul-2022

Customer Name Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo. 63146

LGt # AG220102 Model 108

Exp Defe 20-Jul-2024 Cyl. Type

Component Ethanol Nitrogen Certified Concentration 0.100 ± 2% ErAC (260 ppm)

Certification Traccable to K.L.S.T. RCM and to CRIM Ethanol Standards:

RGM Scriet Ko. EE0010531 EE0010570 EE0010265 EE0010561 EE0010661	Concentration 321.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm 52.22 ppm	rch Schelko. Eb010603 Eb010559 Eb010562 Eb010578	Concentration 392.5 pem 258.9 pem 104.2 pem 52.84 pem
CRM Scriet No.	Concentration	CITM Seriel 140.	Concentration
CC727481	800.0 ppm	CC727483	\$20.0 ppm
CC727486	283.0 ppm	CC727486	150.0 ppm

knalytical Method: KDIR

Digitally eigned by Quality Control Researchy ges elections destilibertion of analysis Location: Alross USA, LLC (Leb) Date: 07, 24, 2022 (4710

Approved for Release:

Rod Mersele

ISO 17025:2017 AZLA eccredited. Certificets Number \$082.06 ISO 17034:2016 AZLA eccredited. Certificets Number \$082.07



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

WES ELLISON

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

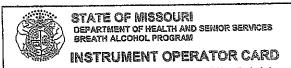
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections

MO 580-0771 (6-10)

EXPIRES 2/14/2025

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (P.6-10)



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 ELLISON, WES

Permit No 230026

Date Issued 2/14/2023 Date Expires 2/14/2025

