

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

INTOX DMT MAINTENANCE REPORT

REPORT #1

- 福殿 INTOX DIVIT MAINTENANCE F	REPORT			TEI ORT #
Complete this report at the time of the regular monthly Complete this report whenever the instrument is servi- Retain the original and send a copy within 15 days to	iced or repaired and	d whenever it is place	- ·	
INTOX DMT SN NAME OF AGENCY 500276 St. Louis County Police Department			DATE OF INSPECTION 08/05/2021	
LOCATION OF INSTRUMENT (STREET AND CITY) 5445 Jennings Station Rd., St. Louis, MO 63136		TIME OF INSPECTION 12:39:17		
CHECKLIST: Place a mark in the box by each item if values where determined). Unmarked items must be determined.	found to be satisfa corrected before us	ctory or is operating ing instrument.	within established limits. (W	rite in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>08/05/2021 12:39:19</u>		☑ DETECTOR		
☑ PROGRAM		☑ FILTER 1		
☑ SAMPLE CHAMBER 48.7°C		☑ FILTER 2		
☑ BREATH TUBE 44.3°C		☑ FILTER 3		
X PUMP		☑ INTERNAL STA	NDARD	
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD		COMPRESSED	ETHANOL-GAS MIXTURE	
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#_	AG019502	EXP. DATE <u>07/</u>	13/2022
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE_	
of .005 or less. Mark the box corresponding to th 0.10% STANDARD - MUST READ BETV 0.08% STANDARD - MUST READ BETV 0.04% STANDARD - MUST READ BETV	WEEN 0.095% ÂNI WEEN 0.076% ANI	D 0.105% INCLUSIV D 0.084% INCLUSIV	/E	
TEST 1: 0.101 TES	ST 2: 0.101		TEST 3: 0.101	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING	G RANGES SINCE	THE LAST MAINTENANG	E REPORT:
REFUSALS: 0 004: 0 .05	.09: 0	.1014: 0	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ON THAT WAS MADE TO F	RESTORE THE INSTRUMENT	TO OPERATE SATISFACTORILY AND	WITHIN
INSPECTING OFFICER SIGNATURE GON 1/43072	: :	PRINT FULL NAME DAWN NEUMA		
TYPE II PERMIT NUMBER TO 210074 RETURN COMPLETED REPORT TO THE Regath	04/06/2023	Missouri Departmen	NUMBER t of Health and Senior Servi	000
Dieati	il, fax, or email	wissoun Debarmen	LOT FEARLY AND SELLOT SELVI	



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:

15-Jul-2020

Lot # AG019502 Model 108cacd

Exp. Date

Cyl. Type

Component

Certifled Concentration

13-Jul-2022

108

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

Balance

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

RGM Serial No.	Concentration
EB0010581	392.1 ppm
EB0010570	259.8 ppm
EB0010285	208.0 ppm
EB0010561	103.6 ppm
EB0010681	52.12 ppm

2.12 ppm	ERAA
oncentration	CRM
0.0 ppm	00566
3.0 ppm	00566

RGM Serial No.	Concentration
EB0010603	393.0 ppm
EB0010559	258.2 ppm
EB0010595	208.3 ppm
EB0010562	104,2 ppm
EB0010579	52.81 ppm

CRM Serial No.	Concentration
0056649	390.1 ppm
0056662	150.2 ppm

Analytical Method:

CRM Serial No.

CC434668 CC234503

NDIR

Otgitally signed by Quality Control Date: 2020.07.15 14:50:01 -05:00 Reason: Dry gas standard certification of analysis Location: Afrgas USA LLC (Lab)

Approved for Release:

ISO 17025:2005 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

DAWN M. NEUMAN

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.

DATE 4/6/2021	Ma L
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 210074	
EXPIRES 4/6/2023	and the second
IO 580-0771 (G-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
	. I.AB-4 (R6-10)