

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 month Complete this report whenever the instrument is serv Retain the original and send a copy within 15 days to	riced or repaired and	d whenever it is placed		
NAME OF AGENCY 500002 St. Louis County Police Department			DATE OF INSPECTION 08/30/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) Wildwood Precinct: 16860 Main Street, Wildwood MO			TIME OF INSPECTION 17:59:46	
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	if found to be satisfa corrected before us	actory or is operating wi	thin established limits. (W	rite in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME 08/30/2024 17:59:48				
☑ PROGRAM	X FILTER 1			
SAMPLE CHAMBER 48.9°C SILTER 2				
☑ BREATH TUBE 48.1°C ☑ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD				
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_	AG400203	EXP. DATE <u>01</u>	/02/2026
☐ SIMULATOR TEMP (34°C ± 0.2°C)	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 BET ☐ 0.08% STANDARD - MUST READ BET ☐ 0.04% STANDARD - MUST READ BET	WEEN 0.095% AN WEEN 0.076% AN	D 0.105% INCLUSIVE D 0.084% INCLUSIVE		
TEST 1: 0.100 TES	EST 2: 0.100		TEST 3: 0.100	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
REFUSALS: 0 004: 0 .05-	.09: 0	.1014: 0	.1519: 0	OVER .19: 1
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICAT ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	TON THAT WAS MADE TO I	RESTORE THE INSTRUMENT TO	O OPERATE SATISFACTORILY AND	O WITHIN
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER 240128	EXPIRATION DATE 05/29/2026	PRINT FULL NAME ROBERT J TOSIE TELEPHONE NUM 636-529-8	MBER	
	h Alcohol Program, ail, fax, or email	Missouri Department o	f Health and Senior Servi	ces



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: 4-Jan-2024

Lot # AG400203 **Model** 108

Exp Date

Cyl. Type

Component

Certified Concentration

2-Jan-2026

108

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

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

RGM Serial No. Concentration EB0010581 391.8 ppm EB0010570 259.8 ppm EB0010285 209.0 ppm EB0010561 103.7 ppm EB0010681 52.22 ppm

RGM Serial No. Concentration EB0010603 392.5 ppm EB0010559 258.9 ppm EB0010562 104.2 ppm EB0010579 52.94 ppm

CRM Serial No. CC727481

Concentration 799.4 ppm 253.4 ppm

CRM Serial No. CC727493

CC727498

Concentration 389.8 ppm

150.2 ppm

Analytical Method: NDIR

CC727496

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:01.05.2024 08:53

Approved for Release:

Yusef Woods

ISO 17025:2017 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

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

542.020 through 574.041, HSMo and 308.111 through 306.119	Mile Masure		
DATE5/29/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 240128	Daves J. nicoselson		
EXPIRES 5/29/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		
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