

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

#### NTOX DMT MAINTENANCE REPORT

REPORT #1

THE INTUX DIVIT MAINTENANCE R	EPORI			
Complete this report at the time of the regular monthly Complete this report whenever the instrument is servic Retain the original and send a copy within 15 days to t	ed or repaired and	I whenever it is placed		
NAME OF AGENCY 500002 St. Louis County Police Department			10/24/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) Wildwood Precinct: 16860 Main Street, Wildwo		16:30:35		
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.				
☑ DIAGNOSTIC RECORD				
DATE AND TIME 10/24/2024 16:30:38		☑ DETECTOR		
☑ PROGRAM		☑ FILTER 1		
☑ SAMPLE CHAMBER 48.7°C		☑ FILTER 2		
☑ BREATH TUBE 47.8°C ☑ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD		COMPRESSED E	THANOL-GAS MIXTUR	RE
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_	AG400203	EXP. DATE 0	1/02/2026
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	·	SIM. NIST EXP DATE	
<ul> <li>         \[             \begin{align*}             \text{CALIBRATION CHECK - (ONLY ONE STANDAR Run three tests using a standard. All three tests m of .005 or less. Mark the box corresponding to the \(             \begin{align*}                  CONTROL ONLY ONLY ONLY ONLY ONLY ONLY ONLY ON</li></ul>	e standard being un VEEN 0.095% ANI VEEN 0.076% ANI VEEN 0.038% ANI	sed D 0.105% INCLUSIVE D 0.084% INCLUSIVE		
TEST 1: 0.100   TES	TEST 1: 0.100 TEST 2: 0.100		TEST 3: 0.100	
PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWIN	G RANGES SINCE T	HE LAST MAINTENA	NCE REPORT:
REFUSALS: 0 004: 0 .050		.1014: <b>0</b>	.1519: <b>0</b>	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	IN THAT WAS MADE TO I	RESTORE THE INSTRUMENT	O OPERATE SATISPACTORILY A	ND WITHIN
INSPECTING OFFICER				
SIGNATURE		PRINT FULL NAME		
10 to C+4553	EXPIRATION DATE	ROBERT J TOSI		
TYPE II PERMIT NUMBER 240128	05/29/2026	636-529-		
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email				
ANI	COLLAL OPPOPILIBITATIAE	EIDMATIVE ACTION EMPLOYE	n	LAB-166



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

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

Concentration 392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

CC727481 CC727496

799.4 ppm 253.4 ppm CC727493 CC727498 389.8 ppm 150.2 ppm

Analytical Method: NDIR

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



MO 500:0771 (6:10)

### 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 defermination of the alcoholic content of blood from a sa	imple of expired air. Permit issued under the provisions of sections FRSMo.
577.020 through 577.041, RSMo and 305.111 through 306.115	Mile Massini
DATE5/29/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240128	Daves J. Nichelson
EXPIRES 5/29/2026	DIRECTOR OF DEPARTMENT OF HEALTHAND SENIOR SERVICES
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