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By Tracy Crews at 11:10 am, Dec 28, 2024



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 Complete this report whenever the instrum Retain the original and send a copy within	ent is serviced or renaired	and w	henever it is placed into	ed 35 days). o service.	
INTOX DMT SN NAME OF AGE St. Loui		DATE OF INSPECTION 12/27/2024			
LOCATION OF INSTRUMENT (STREET AND CITY) Wildwood Precinct: 16860 Main Street		TIME OF INSPECTION 07:09:44			
CHECKLIST: Place a mark in the box by evalues where determined). Unmarked items	each item if found to be sa	tisfacto	ry or is operating withir		Vrite in observed
☑ DIAGNOSTIC RECORD	must be corrected belon	e using	instrument.		
DATE AND TIME 12/27/2024 07:09	9:47		DETECTOR		
☑ PROGRAM			FILTER 1		
☑ SAMPLE CHAMBER_48.7°C			FILTER 2		
☑ BREATH TUBE_46.7°C			FILTER 3		
X PUMP			INTERNAL STANDAR	<u> </u>	
BREATH ANALYZER ACCURACY STAN	IDARDS				
☐ SIMULATOR STANDARD		XI (COMPRESSED ETHA	NOL-GAS MIXTURE	-
STANDARD SUPPLIER INTOXIMET	ERS LOT	#_ AG	400203	EXP. DATE 01	/02/2026
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. S	SN	SIN	I. NIST EXP DATE	
 ☑ CALIBRATION CHECK - (ONLY ONE Run three tests using a standard. All throof .005 or less. Mark the box correspon ☑ 0.10% STANDARD - MUST RE ☑ 0.08% STANDARD - MUST RE ☑ 0.04% STANDARD - MUST RE 	aling to the standard being AD BETWEEN 0.095% A AD BETWEEN 0.076% A	g used. ND 0.1 ND 0.0	105% INCLUSIVE		
TEST 1: 0.101	TEST 2: 0.100		Т	EST 3: 0.101	
PERFORM R.F.I. TEST					
NDICATE THE NUMBER OF BREATH TI	ESTS IN THE FOLLOW	NG RA	ANGES SINCE THE L	AST MAINTENANC	CE REPORT
REFUSALS: 0 004: 0	.0509; 0	.10-	.14: 0	519: 0	OVER 19: 0
IST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR STABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	MODIFICATION THAT WAS MADE T	O RESTO	RE THE INSTRUMENT TO OPE	RATE SATISFACTORILY AND	WITHIN
ISPECTING OFFICER		Ippikit			
Portice 4553			FULL NAME DBERT J TOSIE		
PË II PERMIT NUMBER 240128	05/29/2026		TELEPHONE NUMBER 636-529-8210		
ETURN COMPLETED REPORT TO THE	Breath Alcohol Program by mail, fax, or email	, Misso	uri Department of Hea	Ith 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: 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. EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	Concentration 391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm 52.22 ppm	RGM Serial No. EB0010603 EB0010559 EB0010562 EB0010579	Concentration 392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm
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CRM Serial No. CC727481

Concentration 799.4 ppm

CRM Serial No.

Concentration

CC727496

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



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

PAYOR INFORM BANAGE FROM BIR SUBJET WROUGH SUBJET	Mile Massin		
DATE5/29/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 240128	Daves J. Nichaelson		
EXPIRES 5/29/2026	DIRECTOR OF DEPARTMENT OF HEALTHAND SENIOR SERVICES		
Min 880 0771 (6:10)	上海中州(1004/0)		