By Tracy Crews at 8:02 am, Dec 02, 2024



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

THE DATE OF THE PARTY OF THE PA	E IVEL OIV.			
Complete this report at the time of the regular mor Complete this report whenever the instrument is s Retain the original and send a copy within 15 days	erviced or repaired and whenever it is	placed into service.		
TOX DMT SN NAME OF AGENCY 500005 St. Louis County Police Department		DATE OF INSPECTION 11/29/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) 232 Vance Road, STL, MO 63088	TIME OF INSPECTION 17:35:33			
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	em if found to be satisfactory or is ope be corrected before using instrument	rating within established limits. (\	Write in observed	
☑ DIAGNOSTIC RECORD				
DATE AND TIME 11/29/2024 17:35:35	☑ DETECTO)R		
☑ PROGRAM	☐ FILTER 1			
☑ SAMPLE CHAMBER 48.7°C	☐ FILTER 2			
☑ BREATH TUBE 47.9°C	☐ FILTER 3			
☑ PUMP		LSTANDARD		
BREATH ANALYZER ACCURACY STANDAR	DS			
☐ SIMULATOR STANDARD	☑ COMPRE	SSED ETHANOL-GAS MIXTUR	RE	
	LOT# AG400203	EXP. DATE 0	1/02/2026	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DATE		
 \[\begin{align*} \text{CALIBRATION CHECK - (ONLY ONE STAR Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding \(\begin{align*} \text{D.10% STANDARD - MUST READ E} \text{D.008% STANDARD - MUST READ E} \text{D.004% STANDARD - MUST READ E} \] \[to the standard being used. BETWEEN 0.095% AND 0.105% INC BETWEEN 0.076% AND 0.084% INC	LUSIVE	·	
TEST 1: 0.098	TEST 2: 0.099	TEST 3: 0.098		
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TEST	S IN THE FOLLOWING RANGES S	BINCE THE LAST MAINTENAL	NCE REPORT:	
REFUSALS: 0 004: 0	.0509: 1 .1014: 2	.1519: 0	OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)		TRUMENT TO OPERATE SATISFACTORILY A	ND WITHIN	
INSPECTING OFFICER SIGNATURE	PRINT FULL NAM			
TYPE II PERMIT NAMBER 230059	EXPIRATION DATE TELE	EPHONE NUMBER 36-529-8210		
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email				
MO 500 0000 (5 40)	AN FOLIAL OPPOPELINITY/AFFIRMATIVE ACTION		1 AD 466	



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 2-Jan-2026

Cyl. Type

Component

Certified Concentration

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.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		1.1

CRM Serial No.	Concentration
CC727481	799.4 ppm
CC727496	253.4 ppm

CRM Serial No. CC727493

Concentration

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

DAWN M. ESTRADA

by authorized to instruct and supervise operators, train instructors, inspect, callbrate, perform field service and repairs, erate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

determination of the alcoholic content of blood from a sto through 577.041, RSMo and 306.111 through 306.1	nample of expired air. Permit issued under the provisions of sections 19 RSMo.
4/2/2023	Mile Majorov DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
ER 230059	Danes I. Na Oselyo
ES 4/2/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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