

By Tracy Crews at 8:10 am, Oct 25, 2024



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

APSSERY, MALOY DIALL MIVILAL FLAVIAO	<u> </u>				
Complete this report at the time of the regular mo Complete this report whenever the instrument is s Retain the original and send a copy within 15 days	erviced or repaired and w	henever it is placed			
ox DMT SN NAME OF AGENCY St. Louis County Police Department			DATE OF INSPECTION 10/23/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) 5445 Jennings Station Rd., St. Louis, MO 63136			TIME OF INSPECTION 18:49:29		
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	em if found to be satisfacto be corrected before using	ory or is operating w g instrument.	ithin established limits. (V	Write in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME 10/23/2024 18:49:31 ☑ DETECTOR					
☑ PROGRAM ☑ FILTER 1					
☑ SAMPLE CHAMBER 48.8°C ☑ FILTER 2					
☑ BREATH TUBE 48.1°C ☑ FILTER 3					
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDAR	DS				
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE					
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#_A	G400203	EXP. DATE <u>0</u>	1/02/2026	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN_		SIM. NIST EXP DATE		
 □ CALIBRATION CHECK - (ONLY ONE STAR Run three tests using a standard. All three test of .005 or less. Mark the box corresponding □ 0.10% STANDARD - MUST READ □ 0.08% STANDARD - MUST READ □ 0.04% STANDARD - 0.04%	to the standard being use BETWEEN 0.095% AND (BETWEEN 0.076% AND (d. 0.105% INCLUSIVE 0.084% INCLUSIVE	<u>:</u>		
TEST 1: 0.101	TEST 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:					
		1014: 1	.1519: 1	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)			O OPERATE SATISFACTORILY A	ND WITHIN	
INSPECTING OFFICER					
SIGNATURE		ROBERT J TOS	E		
17PE PERMIT 1 PER	EXPIRATION DATE 05/29/2026	TELEPHONE N 636-529			
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email					



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

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 108 Component

Ethanol Nitrogen **Certified Concentration**

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

 Incentration
 RGM Serial No.
 Concentration

 1.8 ppm
 EB0010603
 392.5 ppm

 9.8 ppm
 EB0010559
 258.9 ppm

 9.0 ppm
 EB0010562
 104.2 ppm

 3.7 ppm
 EB0010579
 52.94 ppm

 22 ppm

CRM Serial No. CC727481 CC727496

Concentration 799.4 ppm 253.4 ppm CRM Serial No. CC727493 CC727498

Concentration 389.8 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Afrgas 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

MQ 580-0771 (8-10)

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