

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	viced or repaired and whe	enever it is placed in		
INTOX DMT SN NAME OF AGENCY 500276 St. Louis County Police Department			DATE OF INSPECTION 12/30/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) 5445 Jennings Station Rd., St. Louis, MO 63136			TIME OF INSPECTION 07:38:20	
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	if found to be satisfactory	y or is operating with	nin established limits. (W	rite in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>12/30/2024 07:38:23</u>	☑ [	DETECTOR		
☑ PROGRAM	⊠ F	FILTER 1		
☑ SAMPLE CHAMBER 48.8°C		-ILTER 2		
☑ BREATH TUBE 48.1°C	<u>.</u> ⊠ F	FILTER 3		
☐ PUMP ☐ INTERNAL S			NDARD	
BREATH ANALYZER ACCURACY STANDARDS	;			
☐ SIMULATOR STANDARD		COMPRESSED ET	HANOL-GAS MIXTURE	
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG4	400203	EXP. DATE <u>01</u> ,	/02/2026
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE_	
□ CALIBRATION CHECK - (ONLY ONE STAND Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to t	he standard being used. TWEEN 0.095% AND 0.1 TWEEN 0.076% AND 0.0	105% INCLUSIVE 084% INCLUSIVE	d must have a spread	
	RD - MUST READ BETWEEN 0.038% AND 0.0		TEST 3: 0.101	
☐ PERFORM R.F.I. TEST			11201 0. 0.101	
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING RA	ANGES SINCE TH	F LAST MAINTENAN	CE REPORT:
		14: 0	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICA			1	· _ ·
ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)				
INSPECTING OFFICER				
SIGNATURE		IT FULL NAME		
TYPE II PERMIT NUMBER / / / )	EXPIRATION DATE	ITELEPHONE NUME		
230233	10/31/2025	636-529-82		
	th Alcohol Program, Miss ail, fax, or email	souri Department of	Health and Senior Servi	ices



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 108

Component Ethanol

**Certified Concentration**  $0.100 \pm 2\%$  BrAC (260 ppm)

Nitrogen

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

**CRM Serial No.** 

Concentration

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



#### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

## MICHAEL WHITE

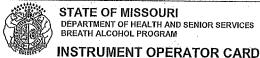
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

# 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 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE10/31/2023	Mile Massur		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 230233			
EXPIRES 10/31/2025	Davla I. Nichelson		
IO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired ali in Missourl.

Operator WHITE, MICHAEL

Permit No 230233

Date Issued 10/31/2023 Date Expires 10/31/2025

