

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

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

THE ON DIVITION OF	ILLI OILI				
Complete this report at the time of the regular mont Complete this report whenever the instrument is ser Retain the original and send a copy within 15 days t	rviced or repaired and whe	enever it is placed into			
NAME OF AGENCY  St. Louis County Police Department			03/26/2025		
LOCATION OF INSTRUMENT (STREET AND CITY) 323 Sappington Barracks Rd, St. Louis, MO 63125			11:56:57		
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 03/26/2025 11:56:59	☑ [	DETECTOR			
☑ PROGRAM	⊠ F	FILTER 1		· · · · · · · · · · · · · · · · · · ·	
☑ SAMPLE CHAMBER 48.8°C		ILTER 2			
☑ BREATH TUBE 45.9°C	⊠ F	FILTER 3		· · · · · · · · · · · · · · · · · · ·	
☑ PUMP	11 🗵	NTERNAL STANDAI	₹D		
BREATH ANALYZER ACCURACY STANDARDS	3				
☐ SIMULATOR STANDARD	⊠ c	OMPRESSED ETH.	ANOL-GAS MIXTURE		
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG3	333401	EXP. DATE11/	30/2025	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SI	M. NIST EXP DATE		
□ CALIBRATION CHECK - (ONLY ONE STANI Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to to 0.10% STANDARD - MUST READ BETO 0.08% STANDARD - MUST READ BETO 0.04% STANDARD	the standard being used. TWEEN 0.095% AND 0.1 TWEEN 0.076% AND 0.0	05% INCLUSIVE 84% INCLUSIVE	must have a spicad		
TEST 1: 0.099	ST 2: <b>0.098</b>		TEST 3: 0.099		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS II	N THE FOLLOWING RA	NGES SINCE THE	LAST MAINTENANC	E REPORT:	
REFUSALS: 0 004: 1 .05	509: 1	.14: 3	.1519: 1	OVER .19: 4	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICA ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	TION THAT WAS MADE TO RESTO	RE THE INSTRUMENT TO OF	ERATE SATISFACTORILY AND	WITHIN	
INSPECTING OFFICER SIGNATURE TYPE II PERMINIMBER 240128		TFULL NAME DBERT J TOSIE TELEPHONE NUMBE 636-529-821			
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 Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Test Date: 30-Nov-2023

150.2 ppm

Lot # AG333401 Model 108

**Ехр Date** 30-Nov-2025

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:

253.4 ppm

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
CRW Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	799.4 ppm	CC727493	389.8 ppm

Analytical Wethod: NDIR

CC727496

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Afgas USA LLC (Lab) Data:11.30,2023 18:00

Approved for Release:

Yusef Woods

CC727498

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



MO 580-0774 (6:10)

### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



LAB-4:(8640)

# 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

577.020 through 577.041, HSMo and 306.111 through 306.1	
DATE5/29/2024	Mile Magain
·	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240128	Duthon
EXPIRES 5/29/2026	Davis J. Nucliels.  DIRECTOR OF DEPARTMENT OF HEALTH AND BENIOR BERVICES