

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

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

· weeks . IN LOV DIALL IA	IAINTENANCE RE						
Complete this report at the time Complete this report whenever t Retain the original and send a co	he instrument is serviced	d or repaired and v	vhenever it is pla	ced into service.			
INTOX DMT SN NAME OF AGENCY 500002 St. Louis County Police Department			01/29/2025				
LOCATION OF INSTRUMENT (STREET AND CITY) Wildwood Precinct: 16860 Main Street, Wildwood MO				TIME OF INSPECTION 08:04:09			
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 01/29/2025 08:04:11							
☑ PROGRAM	☑ PROGRAM ☑ FILTER 1						
SAMPLE CHAMBER_4	☑ SAMPLE CHAMBER 48.7°C ☑ FILTER 2						
☑ BREATH TUBE 47.0°C ☑ FILTER 3							
☑ PUMP		X	INTERNAL S	TANDARD			
BREATH ANALYZER ACCURACY STANDARDS							
☐ SIMULATOR STANDAI	RD	×	COMPRESSI	ED ETHANOL-GAS MIX	TURE		
STANDARD SUPPLIER IN	ITOXIMETERS	LOT#_ <i>F</i>	AG400203	EXP. DATE	01/02/2026		
☐ SIMULATOR TEMP (34°C:	: 0.2°C)	SIM. SN_		SIM. NIST EXP DA	ATE		
<ul> <li>□ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used.</li> <li>□ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</li> <li>□ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</li> <li>□ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</li> </ul>							
			TEST 3: 0.100				
TEST 1: 0.101   TEST 2: 0.100   TEST 3: 0.100   TEST 3: 0.100							
INDICATE THE NUMBER OF	BREATH TESTS IN T	HE FOLLOWING	RANGES SIN	CE THE LAST MAINTE	NANCE REPORT:		
REFUSALS: 0 004: (			.1014: 0	.1519: <b>0</b>	OVER .19: <b>0</b>		
LIST ANY NEW PARTS AND DESCRIBE ANY ESTABLISHED LIMITS (USE OTHER SIDE IF	ALTERATION OR MODIFICATION				RILY AND WITHIN		
INSPECTING OFFICER SIGNATURE			PRINT FULL NAME ROBERT J T	OSIF			
TYPE II PERMIT NUMBER		EXPIRATION DATE	TELEPHO	NE NUMBER			
240128		05/29/2026	636-	529-8210			
RETURN COMPLETED REPORT TO THE  Breath Alcohol Program, Missouri Department of Health and Senior Services  by mail, fax, or email  LAB-166							



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

 $0.100 \pm 2\%$  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			
CRM Serial No.	Concentration	CRM Serial No.	Concentration	
CC727481	799.4 ppm	CC727493	389.8 ppm	
CC727496	253.4 ppm	CC727498	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

## 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 as	ample of expired air. Permit issued under the provisions of sections if PSMo.
PAYOSA IDLOUGH DAAMARI <sup>3</sup> URAMO BUG DAOYAL MISABU DOOYA	Mile Masson
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240128	Daves J. nichelson
EXPIRES 5/29/2026	DIRECTOR OF DEPARTMENT OF HEALTHAND SENIOR SERVICES
Ma 589 0271 (6:10)	广·ህ山本(日)。10)