RECEIVED

By Tracy Crews at 1:44 pm, Feb 28, 2025



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

ANGERS INTOX DIVIT MIXITAL ENVIROR	. KEI OKI				
Complete this report at the time of the regular mont Complete this report whenever the instrument is se Retain the original and send a copy within 15 days	rviced or repaired and	whenever it is placed			
INTOX DMT SN NAME OF AGENCY St. Louis Coun					
LOCATION OF INSTRUMENT (STREET AND CITY) Wildwood Precinct: 16860 Main Street, Wildwood MO			15:30:37		
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 <u>02/25/2025 15:30:40</u> ☑ DETECTOR					
☑ PROGRAM		☑ FILTER 1			
☑ SAMPLE CHAMBER 48.8°C	☑ SAMPLE CHAMBER_48.8°C				
☑ BREATH TUBE 47.1°C		☑ FILTER 3			
X PUMP		☑ INTERNAL STAN	IDARD		
BREATH ANALYZER ACCURACY STANDARD	S				
☐ SIMULATOR STANDARD		COMPRESSED	ETHANOL-GAS MIXTUR	RE	
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#_	AG400203	EXP. DATE 0	01/02/2026	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE		
 □ 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. □ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE □ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE 					
TEST 1: 0.101	TEST 2: 0.101		TEST 3: 0.101		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING	G RANGES SINCE	THE LAST MAINTENA	NCE REPORT:	
REFUSALS: 0 004: 0 .0	509: 0	.1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	CATION THAT WAS MADE TO F	ESTORE THE INSTRUMENT	TO OPERATE SATISFACTORILY A	ND WITHIN	
INSPECTING OFFICER					
SIGNATURE (A)		ROBERT J TOS	E		
TYPE II PERMIT NUMBER 240128	EXPIRATION DATE 05/29/2026	TELEPHONE N 636-529			
			of Health and Senior Se	rvices	
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: 4-Jan-2024

Lot # AG400203 **Model** 108

Exp Date

Cyl. Type

Component

Certified Concentration

2-Jan-2026 108 Ethanol Nitrogen $0.100 \pm 2\%$ BrAC (260 ppm)

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.
CC727481	799.4 ppm	CC727493
CC727496	253.4 ppm	CC727498

Concentration 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 ||

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 s	ample of expired air. Permit issued under the provisions of sections is Its Mo.
	Mile Maganes
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240128	Davla I. Nichallon
EXPIRES 5/29/2026	DIRECTOR OF DEPARTMENT OF HEALTHAND SENIOR SERVICES
MO 5803771.(6:10).	上文自中(10)