By Tracy Crews at 8:53 am, Mar 31, 2025



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

REPORT #1

| INTOX DMT MAINTENANCE   | REPORT   |                                |             |  |  |  |
|---|--|--------------------------------|-------------|--|--|--|
| 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 pl   | aced into service.             |             |  |  |  |
| INTOX DMT SN NAME OF AGENCY 500002 St. Louis Count  | ty Police Department   | 03/28/2025                     |             |  |  |  |
| LOCATION OF INSTRUMENT (STREET AND CITY) Wildwood Precinct: 16860 Main Street, Wildw  | wood MO  | TIME OF INSPECTION<br>10:47:45 |             |  |  |  |
| 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 03/28/2025 10:47:48   | ☑ DETECTOR   |                                |             |  |  |  |
| ☑ PROGRAM   | ☑ FILTER 1   |                                |             |  |  |  |
| ☑ SAMPLE CHAMBER 48.8°C   | ₹ SAMPLE CHAMBER 48.8°C  |                                |             |  |  |  |
| ☑ BREATH TUBE 48.1°C  |  |                                |             |  |  |  |
| <u>————————————————————————————————————</u>   | ☑ INTERNAL S   | STANDARD                       |             |  |  |  |
| BREATH ANALYZER ACCURACY STANDARD   | S  |                                |             |  |  |  |
| ☐ SIMULATOR STANDARD  |  | ED ETHANOL-GAS MIXTUR          | E           |  |  |  |
|   | LOT#_AG400203  | EXP. DATE <u>0</u>             | 1/02/2026   |  |  |  |
| ☐ SIMULATOR TEMP (34°C ± 0.2°C)   | SIM. SN  | SIM. NIST EXP DATE             |             |  |  |  |
| <ul> <li>□ CALIBRATION CHECK - (ONLY ONE STAN Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to □ 0.10% STANDARD - MUST READ BE</li> <li>□ 0.08% STANDARD - MUST READ BE</li> <li>□ 0.04% STANDARD - MUST READ BE</li> </ul> | the standard being used.<br>TWEEN 0.095% AND 0.105% INCLU<br>TWEEN 0.076% AND 0.084% INCLU | JSIVE<br>JSIVE                 |             |  |  |  |
|   | EST 2: 0.100   | TEST 3: 0.100                  |             |  |  |  |
| ☑ PERFORM R.F.I. TEST   |  |                                |             |  |  |  |
| INDICATE THE NUMBER OF BREATH TESTS   | IN THE FOLLOWING RANGES SIN  | ICE THE LAST MAINTENAN         | NCE REPORT: |  |  |  |
|   | 9509: 0 .1014: 0   | .1519: <b>0</b>                | OVER .19: 0 |  |  |  |
| LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)   |  |                                | ND WITHIN   |  |  |  |
| ESTABLISHED LIMITO (GGL GTHER GIBE II TEGES STATE)  |  |                                |             |  |  |  |
|   |  |                                |             |  |  |  |
|   |  |                                |             |  |  |  |
|   |  |                                |             |  |  |  |
| INSPECTING OFFICER  |  |                                |             |  |  |  |
| SIGNATURE   | PRINT FULL NAME<br>ROBERT J  | TOSIE                          |             |  |  |  |
| TYPE II PERMIN NOMBER   | EXPIRATION DATE TELEPH   | ONE NUMBER                     |             |  |  |  |
| 240128  |  | -529-8210                      |             |  |  |  |
| RETURN COMPLETED REPORT TO THE  Breath Alcohol Program, Missouri Department of Health and Senior Services  by mail, fax, or email   |  |                                |             |  |  |  |



MO 580-0771 (6:10)

## 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

| for the determination of the alcoholic content of blood from a se<br>577.020 through 577.04d, RSMo and 305.111 through 306.11 | imple of expired air Permit issued under the provisions of sections<br>FRSMo.<br>M.L. Mazaure |
|---|---|
| DATE  | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  |
| NUMBER 240128   | Davla J. Nie Bellson  |
| EXPIRES 5/29/2026   | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  |



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

150.2 ppm

Lot # AG400203 Model 108

**Exp Date** 2-Jan-2026 Cyl. Type 108

Component

Ethanol

**Certified Concentration** 

0.100 ± 2% BrAC (260 ppm)

Nitrogen

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

253.4 ppm

| 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     |

Analytical Method: NDIR

CC727496

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:

CC727498

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