By Tracy Crews at 9:10 am, Feb 03, 2025



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

REPORT #1

TNIOX DMI MA	INTENANCE REPOR	()					
Complete this report at the time of Complete this report whenever the Retain the original and send a cop	instrument is serviced or re	paired and wh	enever it is placed i				
	ME OF AGENCY St. Louis County Police [01/14/2025	:				
LOCATION OF INSTRUMENT (STREET AND CITY) 11520 GRAVOIS ROAD ST.LOUIS, MO 63126				TIME OF INSPECTION 23:34:51			
CHECKLIST: Place a mark in the values where determined). Unmarl	box by each item if found to ked items must be corrected	be satisfacto	y or is operating wit	hin established limits. (V	Vrite in observed		
☑ DIAGNOSTIC RECORD							
DATE AND TIME01/14/2025 23:34:54							
☑ PROGRAM							
☑ SAMPLE CHAMBER 48	.7°C	X	FILTER 2				
☐ BREATH TUBE 46.2°C			FILTER 3				
☑ PUMP			INTERNAL STAND	DARD			
BREATH ANALYZER ACCURA	CY STANDARDS						
☐ SIMULATOR STANDARD	☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE						
STANDARD SUPPLIER INT	OXIMETERS	LOT#_AC	306503	EXP. DATE <u>0</u> :	3/06/2025		
☐ SIMULATOR TEMP (34°C±0).2°C)	SIM. SN		SIM. NIST EXP DATE			
□ 0.08% STANDARD -	corresponding to the standa MUST READ BETWEEN 0 MUST READ BETWEEN 0 MUST READ BETWEEN 0	ard being used 0.095% AND 0 0.076% AND 0	I. .105% INCLUSIVE .084% INCLUSIVE				
TEST 1: 0.098	TEST 2: 0.0	98	TEST 3: 0.098				
☑ PERFORM R.F.I. TEST							
INDICATE THE NUMBER OF B	REATH TESTS IN THE F	OLLOWING I	RANGES SINCE T	HE LAST MAINTENAN	NCE REPORT:		
REFUSALS: 0 004: 31	.0509: 0	.1	014: 0	.1519: 0	OVER .19: 0		
LIST ANY NEW PARTS AND DESCRIBE ANY AL ESTABLISHED LIMITS (USE OTHER SIDE IF NE	TERATION OR MODIFICATION THAT V CESSARY)	VAS MADE TO RES	TORE THE INSTRUMENT TO	O OPERATE SATISFACTORILY AI	ND WITHIN		
INSPECTING OFFICER							
SIGNATURE ////////////////////////////////////		Pf	RINT FULL NAME AUSTIN WESOLI	СН			
TYPE II PERMIT NUMBER 230248		TION DATE 01/2025	TELEPHONE NU 636-529-				
RETURN COMPLETED REPOR	RT TO THE Breath Alcoho		ssouri Department o	of Health and Senior Se	rvices		



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Test Date: 7-Mar-2023

Customer Name Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Lot # AG306503 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

6-Mar-2025

108

Ethanol Nitrogen 0.100 ± 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
FB0010681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:03.09.2023 20:47

Approved for Release:

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

AUSTIN WESOLICH

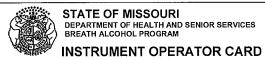
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

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

MO 580-0771 (6-10)

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 air in Missouri.

Operator Permit No

WESOLICH, AUSTIN 230248

Date Issued 11/1/2023

Date Expires 11/1/2025

