

By Tracy Crews at 6:51 pm, Feb 20, 2025



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

AUGGERTA INTOX DIALI INIVITAL FINALA	CE KEFOK I			
Complete this report at the time of the regular m Complete this report whenever the instrument is Retain the original and send a copy within 15 da	s serviced or repaired and w	henever it is placed ir		
INTOX DMT SN NAME OF AGENCY St. Louis Co	ounty Police Department		DATE OF INSPECTION 02/15/2025	
LOCATION OF INSTRUMENT (STREET AND CITY) 11500 GRAVOIS ROAD ST.LOUIS, MO	63126		TIME OF INSPECTION 01:38:54	
CHECKLIST: Place a mark in the box by each values where determined). Unmarked items mu	item if found to be satisfactors to be corrected before using	ory or is operating with	nin established limits.	(Write in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>02/15/2025 01:38:56</u>	<u> </u>	DETECTOR		
☑ PROGRAM	X	FILTER 1		
SAMPLE CHAMBER 48.7°C	<u> </u>	FILTER 2		
☑ BREATH TUBE 46.3°C		FILTER 3		
X PUMP	X	INTERNAL STAND	ARD	
BREATH ANALYZER ACCURACY STANDA	RDS	***		
☐ SIMULATOR STANDARD	X I	COMPRESSEDET	HANOL-GAS MIXTU	RE
	RSLOT#_A	G306503	EXP. DATE_	03/06/2025
SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DAT	E
□ CALIBRATION CHECK - (ONLY ONE ST Run three tests using a standard. All three to of .005 or less. Mark the box corresponding 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ 0.04% STANDARD - MUST READ	g to the standard being use BETWEEN 0.095% AND BETWEEN 0.076% AND	d. 0.105% INCLUSIVE 0.084% INCLUSIVE	,	
TEST 1: 0.099	TEST 2: 0.098		TEST 3: 0.099	
PERFORM R.F.I. TEST		V-14-44		
INDICATE THE NUMBER OF BREATH TES	TS IN THE FOLLOWING	RANGES SINCE TH	HE LAST MAINTEN	ANCE REPORT:
REFUSALS: 0 004: 0	.0509: 0	1014: 0	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	DDIFICATION THAT WAS MADE TO RE	STORE THE INSTRUMENT TO	OPERATE SATISFACTORILY	AND WITHIN
INSPECTING OFFICER	le le	PRINT FULL NAME		
SIGNATURE ALL MUATI		AUSTIN WESOLIC		
TYPE II PERMIT NUMBER 230248	EXPIRATION DATE 11/01/2025	636-529-8		
RETURN COMPLETED REPORT TO THE	Breath Alcohol Program, M by mail, fax, or email	lissouri Department o	f Health and Senior S	ervices



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

Test Date: 7-Mar-2023

Lot # AG306503 Model 108

Exp Date 6-Mar-2025

St. Louis, Mo 63146

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:

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	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:

Rod Marsala

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 II

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):

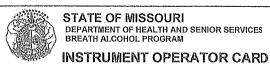
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE11/1/2023	/ (ine / lagarrow		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 230248			
EXPIRES 11/1/2025	Daves J. Nichelson		
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

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 2

WESOLICH, AUSTIN

Permit No 230248 Date Issued 11/1/2023

Date Expires 11/1/2025

