By Tracy Crews at 3:38 pm, Aug 03, 2020



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

100 HOTON BINT HIS CITY TO E	- 1 (- 1 (1)			
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	erviced or repaired and whenev	er it is placed into servic		
INTOX DMT SN NAME OF AGENCY Willow Springs	Police Department		INSPECTION 13/2020	
LOCATION OF INSTRUMENT (STREET AND CITY) W. Main Willow Springs			INSPECTION 23:54	
CHECKLIST: Place a mark in the box by each iten values where determined). Unmarked items must be	n if found to be satisfactory or be corrected before using instru	s operating within establument.	ished limits. (Write	in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>08/03/2020 08:23:56</u>	⊠ DET	ECTOR		
☑ PROGRAM	X FILT	ER 1		
☑ SAMPLE CHAMBER 48.9°C	⊠ FILT	ER 2		
☑ BREATH TUBE_48.1°C		ER 3		
XI PUMP	 ☑ INTE	ERNAL STANDARD		
BREATH ANALYZER ACCURACY STANDARD	·S			
☐ SIMULATOR STANDARD	⊠ CON	IPRESSED ETHANOL-	GAS MIXTURE	
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG908	810 E	XP. DATE <u>03/18</u>	3/2021
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIS	T EXP DATE	
 \[\text{CALIBRATION CHECK - (ONLY ONE STAN Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to \(\text{\text{CINIMARY STANDARD - MUST READ BE }}\) \[\text{0.08% STANDARD - MUST READ BE }}\] \[\text{0.04% STANDARD - MUST READ BE }}\] 	o the standard being used. ETWEEN 0.095% AND 0.105 ETWEEN 0.076% AND 0.084	% INCLUSIVE % INCLUSIVE	ave a spicad	
TEST 1: 0.102	EST 2: 0.101	TEST	3: 0.101	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING RANG	SES SINCE THE LAST	MAINTENANCE	REPORT:
REFUSALS: 0 004: 0	0509: 1 .1014	: 0 .1519	9: 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 RESTORE 1	HE INSTRUMENT TO OPERATE S	ATISFACTORILY AND W	TTHIN
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER		LL NAME R ELLISON TELEPHONE NUMBER		
290080	04/16/2021	417-469-3158		
	eath Alcohol Program, Missour mail, fax, or email	i Department of Health a	and Senior Service	es



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: 20-Mar-2019

Lot # AG907710 Model 108cacd

Exp. Date 18-Mar-2021 Cyl. Type 108 Component Ethanol Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Nitrogen

Balance

RGM Serial No.

EB0010603

EB0010559 EB0010595

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

RGM Serial No.	Concentration
EB0010581	392.1 ppm
EB0010570	259.8 ppm
EB0010285	208.0 ppm
EB0010561	103.6 ppm
EB0010681	52.12 ppm

EB0010562 EB0010579
CRM Serial No 0056649

208.3 ppm 104.2 ppm
52.81 ppm
Concentration

Concentration

393.0 ppm 258.2 ppm

 CRM Serial No.
 Concentration

 CC434668
 800.0 ppm

 CC234503
 253.0 ppm

 CRM Serial No.
 Concentrat

 0056649
 390.1 ppm

 0056662
 150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2019.03.20 11:13:55 -05:00 Reason: Dry gas slandard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

North Marsola Rod Marsala

ISO 17025:2005 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

WES ELLISON

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

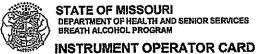
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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.

DATE4/16/2019	wante
UAIE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 290080	
EXPIRES 4/16/2021	for willing
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named carcholder 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 ELLISON, WES

Permit No 290080

Date Issued 4/16/2019 Date Expires 4/16/2021

