

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

INTOX DMT MAINTENANCE REPORT

REPORT #1

ANGES HALOX DIALL MINIMA ELAVIAGE	- 1 (
Complete this report at the time of the regular mon Complete this report whenever the instrument is se Retain the original and send a copy within 15 days	rviced or repaired and whenever	er it is placed into service.			
INTOX DMT SN NAME OF AGENCY Willow Springs	Police Department	DATE OF INSPECTIO 10/06/2021	М		
LOCATION OF INSTRUMENT (STREET AND CITY) W. Main Willow Springs		TIME OF INSPECTION 07:47:57	N		
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 10/06/2021 07:47:59	M DET	ECTOR			
☑ PROGRAM	⊠ FILT	ER 1			
☐ SAMPLE CHAMBER 48.7°C	🛛 FILT	ER 2			
☑ BREATH TUBE 48.1°C	M FILT	ER 3			
☑ PUMP					
BREATH ANALYZER ACCURACY STANDARD	S		100000000000000000000000000000000000000		
☐ SIMULATOR STANDARD	⊠ com	PRESSED ETHANOL-GAS MIX	XTURE		
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG108	EXP. DAT	E 03/25/2023		
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP D	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: 0.100	EST 2: 0.099	TEST 3: 0.099	9		
PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING RANG	SES SINCE THE LAST MAINT	ENANCE REPORT:		
	0509: 0 .1014		OVER .19; 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	CATION THAT WAS MADE TO RESTORE T	HE INSTRUMENT TO OPERATE SATISFACTO	ORILY AND WITHIN		
INSPECTING OFFICER					
SIGNATURE /	PRINT FU				
TYPE II PERMIT NUMBER 210025	EXPIRATION DATE 02/20/2023	TELEPHONE NUMBER	~		
RETURN COMPLETED REPORT TO THE Br		1417-469-3158 Department of Health and Seni			



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: 25-Mar-2021

Lot # AG108404 Model 108cacd

Exp. Date 25-Mar-2023 Cyl. Type 108 Component Ethanol

Ethanol Nitrogen Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Balance

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

RGM Serial No. EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	Concentration 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm	RGM Serial No. EB0010603 EB0010559 EB0010595 EB0010562 EB0010579	Concentration 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration

CRM Serial No. CC727481 CC727496 Concentratio 800.0 ppm 253.0 ppm CRM Serial No. CC727493 CC727498

390.0 ppm 150.0 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2021.03.25 19:32:04 - 05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

North Morsela

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):

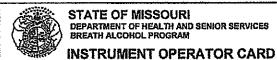
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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.

DATE2/20/2021	want
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 210025	
EXPIRES 2/20/2023	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES
	DIMEGIOU OF DELYDIMATE OF HEVELLISTED OFFICIAL OFFICIORO

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

ELLISON, WES Permit No 210025

Date Expires 2/20/2023 Date Issued 2/20/2021

