

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

INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.				
INTOX DMT SN NAME OF AGENCY 500273 Willow Springs Police Department 02/07/2022				
LOCATION OF INSTRUMENT (STREET AND CITY) W. Main Willow Springs TIME OF INSPECTION 07:39:34				
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 <u>02/07/2022 07:39:36</u> ☑ DETECTOR				
☑ PROGRAM ☑ FILTER 1				
☑ SAMPLE CHAMBER 48.7°C ☑ FILTER 2				
☑ BREATH TUBE_48.1°C ☑ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE				
☑ STANDARD SUPPLIER INTOXIMETERS LOT # AG108404 EXP. DATE 03/25/2023				
☐ SIMULATOR TEMP (34°C ± 0.2°C) SIM. SN SIM. NIST EXP 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 TEST 2: 0.099 TEST 3: 0.099				
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
REFUSALS: 0 004: 0 .0509: 0 .1014: 0 .1519: 0 OVER .19: 0				
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)				
INSPECTING OFFICER SIGNATURE PRINT FULL NAME				
WES ELLISON				
TYPE II PERMIT NUMBER 210025 EXPIRATION DATE 02/20/2023 TELEPHONE NUMBER 02/20/2023				
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email				



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

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.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
	• •	EB0010562	104.2 ppm
EB0010561	103.6 ppm	EB0010579	52.81 ppm
EB0010681	52.12 ppm	ED0010313	Ozato i Ingeres
<u>CRM Serial No.</u> CC727481 CC727496	Concentration 800.0 ppm 253.0 ppm	CRM Serial No. CC727493 CC727498	Concentration 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 cartification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

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):

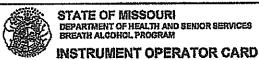
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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.

DATE	Wante		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 210025			
EXPIRES 2/20/2023	ff Wille		
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named cardioider is authorized to operate an evidential breath alcohol instrument for the determination of the elcoholic content in breath form of expired air in Missouri.

Operator ELLISON, WES

Permit No 210025 Date Issued 2/20/2021 Date Expires 2/20/2023

