

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 Complete this report whenever t Retain the original and send a c	he instrument is service	ed or repaired and	whenever	it is placed in		
INTOX DMT SN NAME OF AGENCY 500273 Willow Springs Police Department					DATE OF INSPECTION 07/26/2022	
LOCATION OF INSTRUMENT (STREET AND CITY) W. Main Willow Springs					TIME OF INSPECTION 07:56:08	
CHECKLIST: Place a mark in t values where determined). Unm	he box by each item if for arked items must be co	ound to be satisfac orrected before usir	tory or is on	operating with ent.	in established limits	. (Write in observed
☑ DIAGNOSTIC RECORD						
DATE AND TIME 07/26/2022 07:56:10				CTOR		
☑ PROGRAM ☑ FILTER 1						
☑ SAMPLE CHAMBER 48.9°C ☑ FILTER 2						
☑ BREATH TUBE 48.1°	С	Σ	] FILTER	₹3		A
<b>⊠</b> PUMP		Σ	INTER	NAL STANDA	ARD	
BREATH ANALYZER ACCURACY STANDARDS						
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE						
☑ STANDARD SUPPLIER IN	ITOXIMETERS	LOT#_/	4G10840	)4	EXP. DATE	03/25/2023
☐ SIMULATOR TEMP (34°C:	± 0.2°C)	SIM. SN			SIM. NIST EXP DA	TE
<ul> <li>         ☐ 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         ☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE         ☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE         ☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE         ☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE         ☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE         ☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE         ☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE         ☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE         ☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE         ☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE         ☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE         ☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE         ☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE         ☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE         ☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE         ☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE         ☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE         ☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE         ☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.044% INCLUSIVE         ☐ 0.04% STANDARD - MUST READ BETWEEN 0.044% INCLUSIVE         ☐ 0.04% STANDARD - MUST READ BETWEEN 0.044% INCLUSIVE         ☐ 0.</li></ul>						
TEST 1: 0.098	TEST	Г 2: 0.099			TEST 3: 0.098	
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF	BREATH TESTS IN T	THE FOLLOWING	RANGE	S SINCE TH	E LAST MAINTEN	NANCE REPORT:
REFUSALS: 0 004: (	.050	09: 0	.1014: 0	)	.1519: <b>0</b>	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ESTABLISHED LIMITS (USE OTHER SIDE IF	ALTERATION OR MODIFICATIONECESSARY)	N THAT WAS MADE TO R	ESTORE THE	INSTRUMENT TO	OPERATE SATISFACTORIL	Y AND WITHIN
					·	
INSPECTING OFFICER						
SIGNATURE			PRINT FULL WES E	NAME LLISON		
TYPE II PERMIT NUMBER 210025		EXPIRATION DATE 02/20/2023		TELEPHONE NUM	BER 69-3158	
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. 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	<u>Concentration</u> 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 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 Wethod:

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:

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):

### CO-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	wante
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 210025	
EXPIRES 2/20/2023	A DESCRIPTION OF HEALTH AND COMPANY OF THE SECURORS
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (A6-10)



#### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES EREATH ALCOHOL PROGRAM

#### INSTRUMENT OPERATOR CARD

The named cardiolder is euthorized to operate an evidential breath about instrument for the determination of the elcohola content in breath form of expired air in Missouri.

ELLISON, WES

Operator ELUSO Permit No 210025

Date Expires 2/20/2023 Date issued 2/20/2021

