By Tracy Crews at 12:53 pm, Aug 31, 2022



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

THE THEOREM STATE OF THE STATE	TEI OITT			
Complete this report at the time of the regular month Complete this report whenever the instrument is serv Retain the original and send a copy within 15 days to	viced or repaired and wh	henever it is placed into se		
INTOX DMT SN NAME OF AGENCY 500273 Willow Springs F		TE OF INSPECTION 08/29/2022		
LOCATION OF INSTRUMENT (STREET AND CITY) W. Main Willow Springs			ne of inspection 07:06:29	
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	if found to be satisfacto corrected before using	ry or is operating within e	stablished limits. (W	rite in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>08/29/2022 07:06:30</u>	X	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	í			
☐ SIMULATOR STANDARD		COMPRESSED ETHAN	IOL-GAS MIXTURE	
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#_A	G108404	EXP. DATE <u>03</u>	/25/2023
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM.	NIST EXP DATE_	
☐ CALIBRATION CHECK - (ONLY ONE STAND Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to t	the standard being used FWEEN 0.095% AND 0 FWEEN 0.076% AND 0	d. 0.105% INCLUSIVE 0.084% INCLUSIVE	ust nave a spread	
TEST 1: 0.099 TE	ST 2: 0.098	Ti	TEST 3: 0.098	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS II	N THE FOLLOWING	RANGES SINCE THE L	AST MAINTENAN	CE REPORT:
REFUSALS: 0 004: 0 .05	509: 0	1014: 0 .1	519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICA ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	TION THAT WAS MADE TO RES	STORE THE INSTRUMENT TO OPER	RATE SATISFACTORILY ANI	O WITHIN
INSPECTING OFFICER SIGNATURE		RINT FULL NAME WES ELLISON		
TYPE II PERMIT NUMBER 210025	EXPIRATION DATE 02/20/2023	TELEPHONE NUMBER 417-469.	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	Concentration 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 Method:

NDIR

Digitally signed by Quality Control Date: 2021.03.25 19:32:04 -05:03 Reason: Dry ges standerd 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):

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	Wans
UP(C	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 210025	
EXPIRES 2/20/2023	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES
MO 580-0771 (5-10)	LAB-4 (R6-10)



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardiolder is outhorized to operate an evidential breath alcohol instrument for the defermination of the elcoholo 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

