

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 mol Complete this report whenever the instrument is s Retain the original and send a copy within 15 days	serviced or repaired and w	henever it is placed in			
INTOX DMT SN NAME OF AGENCY 500273 Willow Springs Police Department			DATE OF INSPECTION 10/27/2022		
LOCATION OF INSTRUMENT (STREET AND CITY) W. Main Willow Springs			TIME OF INSPECTION 12:48:46		
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	em if found to be satisfactors be corrected before using	ory or is operating with instrument.	in established limits. (V	Vrite in observed	
☑ DIAGNOSTIC RECORD		•			
DATE AND TIME 10/27/2022 12:48:48	X	DETECTOR			
☑ PROGRAM ☑ FILTER 1					
☑ SAMPLE CHAMBER 48.8°C ☑ FILTER 2					
☑ BREATH TUBE 48.1°C	X	FILTER 3			
☐ PUMP ☐ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDAR	DS				
☐ SIMULATOR STANDARD	X	COMPRESSED ET	HANOL-GAS MIXTUR	E	
	LOT# <u>A</u>	G108404	EXP. DATE _0	3/25/2023	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN_		SIM. NIST EXP DATE		
 □ CALIBRATION CHECK - (ONLY ONE STA Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to 0.10% STANDARD - MUST READ E □ 0.08% STANDARD - MUST READ E □ 0.04% STANDARD - MUST READ E 	to the standard being use BETWEEN 0.095% AND BETWEEN 0.076% AND	d. 0.105% INCLUSIVE 0.084% INCLUSIVE	u must nave a spread		
TEST 1: 0.098	TEST 2: 0.098		TEST 3: 0.098		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS	S IN THE FOLLOWING	RANGES SINCE TH	E LAST MAINTENAI	NCE REPORT:	
REFUSALS: 0 004: 0	.0509: 0	1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	FICATION THAT WAS MADE TO RE	STORE THE INSTRUMENT TO	OPERATE SATISFACTORILY A	ND WITHIN	
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER 210025	EXPIRATION DATE 02/20/2023	PRINT FULL NAME WES ELLISON TELEPHONE NUM	IBER 169-3158		
	reath Alcohol Program, M y mail, fax, or email	•		rvices	



Airgas USA LLC (LAE) 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

40 . 1 x . .

Test Date: 25-War-Zuz

Lot # AG108404 Wodel 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:

<u>RGM Serial No.</u> EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	<u>Concentration</u> 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 pcm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	GC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method:

NDIR

Digitally signed by Qualny Control
222.03.26 19:32:04 95:05
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Approved for Release:

ISO 17025:2005 A2LA accredited. Certificate number 2003 or

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 atcoholic 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.

nstr= 2/20/2021	want
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 210025	
EXPIRES 2/20/2023	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES
	1.4R4.F6-10

MO 550-0771 (6-10)





STATE OF MISSOUP! DEPARTMENT OF HEALTH AND SEMOR SERVICES EREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardiolder is enthurized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air to the content.

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BUSIN III.

Permit No 210025 Date Issued 2/20/2021

Date Expires 2/20/2023

