

By Tracy Crews at 12:54 pm, Dec 28, 2022



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

THE ON DIVITION TOLL					
Complete this report at the time of the regular mont Complete this report whenever the instrument is se Retain the original and send a copy within 15 days	rviced or repaired and when	ever it is placed into s			
INTOX DMT SN NAME OF AGENCY 500273 Willow Springs Police Department			12/28/2022		
LOCATION OF INSTRUMENT (STREET AND CITY) W. Main Willow Springs	וד	ME OF INSPECTION 07:16:58			
CHECKLIST: Place a mark in the box by each iten values where determined). Unmarked items must be	n if found to be satisfactory of corrected before using ins	or is operating within e trument.	established limits. (Writ	e in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME 12/28/2022 07:17:00					
☑ PROGRAM ☑ FILTER 1					
☐ SAMPLE CHAMBER 48.8°C ☐ FILTER 2					
☑ BREATH TUBE_48.1°C	⊠ FI	_TER 3			
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARD	S				
☐ SIMULATOR STANDARD	X C	OMPRESSED ETHAI	NOL-GAS MIXTURE		
☑ STANDARD SUPPLIER INTOXIMETERS	LOT# AG1	08404	EXP. DATE <u>03/2</u>	5/2023	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM	. NIST EXP DATE		
☐ CALIBRATION CHECK - (ONLY ONE STAN Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to 0.10% STANDARD - MUST READ BE 0.08% STANDARD - MUST READ BE 0.04% STANDARD - MUST READ BE	the standard being used. ETWEEN 0.095% AND 0.10 ETWEEN 0.076% AND 0.00	05% INCLUSIVE 04% INCLUSIVE	iust nave a spreau		
TEST 1: 0,099	EST 2: 0.098	Т	EST 3: 0.098		
☑ PERFORM R.F.I. TEST		-			
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS: 0 004: 0 .0	0509: 0 .10	14: 0	1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	CATION THAT WAS MADE TO RESTOR	E THE INSTRUMENT TO OPE	RATE SATISFACTORILY AND V	VITHIN	
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER		FULL NAME ES ELLISON ITELEPHONE NUMBER			
210025	02/20/2023	417-469-			
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email					



Aireas USA LLO (LAD) 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-Wai-Zuzi

Lot # AG108404 Model 108cacd

Exp. Date 25-Mar-2023 <u>Cyl. Type</u>

<u>Component</u> 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>KGM Seriel No.</u>	<u>Conscination</u>	EGM 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
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
omen conint No	Concentration	CRM Serial No.	Concentration

CRM Serial No. 390.0 ppm CC727493 mgq 0.008 CC727481 150.0 ppm CC727498 253.0 ppm CC727496

Analytical Method:

NDIR

Digitally signed by Quality Control Data 2021, 03.25 19:22:04-02:05 Reason: Dry gas shandard cartification of analysis Localion: Airgas USA LLC (Lab)

Approved for Release:

ISO 17028:2006 A2LA accreditad. Certificate frumber Miles in ISO 17034:2016 AZLA accredited. Certificate Number 3082.07



STATE OF MISSOURI

DEPAR MENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

WES ELLISON

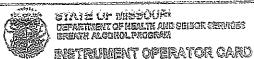
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

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, RBMo and 306.111 through 306.119 RBMo

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OFTEIDIIIII	DIRECTOR OF STATE PUBLIC HEALTH LASORATORY
NUMBER 210025	
EXPRES 200008	DIRECTOR OF DERAFINIENT OF HEATH AND SENIOR SERVICES
NO 550-0771 (E-10)	\$415.4 (AS-4)

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The neared condicions is entitotized to operate an oxidential broots decire! To signate for the determination of the about 25 content in broots form of expiral air to affect of

idoueler (21.03)N 145-Pensik No 210025

Date Issued 2/20/2021 | Date Bupines 2/20/2028

