By Tracy Crews at 9:12 am, Jul 06, 2023



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

MAIN OX DMI MAIN	TENANCE REPO	RI		·			
Complete this report at the time of the Complete this report whenever the ins Retain the original and send a copy w	strument is serviced or	repaired and v	vhenever	it is placed in			
LOCATION OF INSTRUMENT (STREET AND CITY) W. Main Willow Springs					TIME OF INSPECTION 06:33:04		
CHECKLIST: Place a mark in the bovalues where determined). Unmarked	x by each item if found items must be correct	to be satisfact ed before usin	ory or is g instrum	operating with ent.	in established limits. (\	Write in observed	
☑ DIAGNOSTIC RECORD							
DATE AND TIME 07/03/2023 06:33:06							
☑ PROGRAM ☑ FILTER 1							
☑ SAMPLE CHAMBER 48.9°C ☑ FILTER 2							
☑ BREATH TUBE 48.1°C ☑ FILTER 3							
☑ PUMP	☑ PUMP ☑ INTERNAL STANDARD						
BREATH ANALYZER ACCURACY	STANDARDS						
☐ SIMULATOR STANDARD		<u> </u>	COMP	RESSED ET	HANOL-GAS MIXTU	RE	
	(IMETERS	LOT#_ <i>_</i>	G22010)2	EXP. DATE0	7/20/2024	
☐ SIMULATOR TEMP (34°C ± 0.2°	C)	SIM. SN			SIM. NIST EXP DATE		
 ☑ CALIBRATION CHECK - (ONL\ Run three tests using a standard. of .005 or less. Mark the box cor ☑ 0.10% STANDARD - MU ☐ 0.08% STANDARD - MU ☐ 0.04% STANDARD - MU 	responding to the stan JST READ BETWEEN JST READ BETWEEN	dard being use I 0.095% AND I 0.076% AND	ed. 0.105% 0.084%	INCLUSIVE INCLUSIVE	,		
TEST 1: 0.098	TEST 2: 0		TEST 3: 0.097				
☑ PERFORM R.F.I. TEST							
INDICATE THE NUMBER OF BRE	ATH TESTS IN THE	FOLLOWING	RANGE	S SINCE TH	HE LAST MAINTENA	NCE REPORT:	
REFUSALS: 0 004: 1	.0509: 0		.10-,14:		.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTER ESTABLISHED LIMITS (USE OTHER SIDE IF NECES	ATION OR MODIFICATION THA	T WAS MADE TO R					
INSPECTING OFFICER SIGNATURE SIGNATURE TYPE II PERMIT NUMBER	EXPI	RATION DATE	PRINT FULL WES I	NAME ELLISON ITELEPHONE NUN	1BER		
230026 RETURN COMPLETED REPORT	TO THE	2/14/2025	Mine and 1	Danaster	F1 called 0 - 1 - 0		
	by mail, fax		viissouti i	Jeparlment o	f Health and Senior Se	ervices	
MO 500 0000 (5 10)	411 - 61111	A CO C C C C C C C C C C C C C C C C C C					



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: 20-Jul-2022

Lot # AG220102 Model 108

Exp Date 20-Jul-2024 Cyl. Type 108 Component Ethanol Nitrogen Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration	
EB0010581	391.8 ppm	EB0010603	392.5 ppm	
EB0010570 259.8 ppm	EB0010559	258.9 ppm		
EB0010285		EB0010562	104.2 ppm 52.94 ppm	
EB0010561 FB0010681	103.7 ppm 52.22 ppm	EB0010579	Jacon Phili	

 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 Reason:Dry gas standard certification of analysis Location:Airges USA LLC (Leb) Date:07.21.2022 14:10

Approved for Release:

Dad Marcala

ISO 17025:2017 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

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):

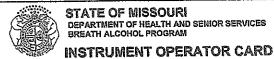
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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. Mile Masson 2/14/2023 DATE ___ DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 230026 Dove I. nichelson EXPIRES 2/14/2025 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (P6-10)



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

Operator ELLISON, WES Permit No 230026

Date Issued 2/14/2023

Date Expires 2/14/2025

