

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

INTOX DMT MAINTENANCE REPORT

REPORT #1

	Dieaui A	Alcohol Program, I fax, or email	viissouri Department i	of Health and Senior Servi	ces		
RETURN COMPLETED REPO	RT TO THE			•			
TYPE II PERMIT NUMBER 230026		EXPIRATION DATE 02/14/2025	TELEPHONE NU	MBER 469-3158			
Was Ellison			WES ELLISON				
INSPECTING OFFICER SIGNATURE			PRINT FULL NAME				
LIST ANY NEW PARTS AND DESCRIBE ANY A ESTABLISHED LIMITS (USE OTHER SIDE IF N	ALTERATION OR MODIFICATION ECESSARY)	THAT WAS MADE TO RE	STORE THE INSTRUMENT T	O OPERATE SATISFACTORILY AND	WITHIN		
REFUSALS: 1 004: 0	.0509	9: 0	.1014: 0	.1519: 1	OVER .19: 0		
INDICATE THE NUMBER OF E	BREATH TESTS IN T	HE FOLLOWING	RANGES SINCE T	HE LAST MAINTENANC	E REPORT:		
☑ PERFORM R.F.I. TEST				<u> </u>			
TEST 1: 0.098 TEST 2: 0.09		2: 0.098		TEST 3: 0.098			
☐ 0.04% STANDARD	- MUST READ BETWE	EN 0.038% AND	0.042% INCLUSIVE				
0.08% STANDARD	- MUST READ BETWE	EN 0.076% AND	0.084% INCLUSIVE				
of .005 or less. Mark the box							
CALIBRATION CHECK - (C Run three tests using a stand	lard. All three tests mus	st be within ±5% of	tne standard value a	NCE REPORT) nd must have a spread			
☐ SIMULATOR TEMP (34°C ±				SIM. NIST EXP DATE			
STANDARD SUPPLIER IN	<u> </u>		G220102	EXP. DATE <u>07/2</u>			
☐ SIMULATOR STANDAR				THANOL-GAS MIXTURE			
BREATH ANALYZER ACCURA	ACY STANDARDS						
☑ PUMP		<u> </u>	INTERNAL STAND)ARD			
☑ BREATH TUBE 48.1°C	☑ BREATH TUBE 48.1°C ☑ FILTER 3						
SAMPLE CHAMBER 48	3.9°C	X	FILTER 2				
☑ PROGRAM ☑ FILTER 1							
DATE AND TIME 12/06/20) <u>23 06:18:11</u>	X	DETECTOR				
☑ DIAGNOSTIC RECORD							
values where determined). Unmai	rked items must be cor	rected before using	g instrument.	Thir established lithts. (VVII	te in observed		
W. Main Willow Springs CHECKLIST: Place a mark in the	hav by each item if for	on, or is operating wit	06:18:09	to in observed			
LOCATION OF INSTRUMENT (STREET AND CI			TIME OF INSPECTION				
INTOX DMT SN N 500273					DATE OF INSPECTION 12/06/2023		
Retain the original and send a cop							
Complete this report at the time of Complete this report whenever the							
Complete this report at the time	f the regular monthly or	avantiva maintana	nce check Inst to ave	eed 35 days)			



Afrgas USA LLC (L/II) 3500 Bernard Street St. Louis, IVIO, 63103 Ph; (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Customer Kame
Exclusive Supplier
Intoximeters, Inc.
2081 Craig Road
St. Louis, Ma 63146

Test Date: 20-Jul-2022

Let # AG220102 Medel 108

Exp Dete 20-Jul-2024 Cyl. Type 108 Component Ethanol Nitrogen Certified Concentration 0.100 ± 2% ErAC (200 ppm)

Certification Traccable to H.I.S.T. RCM and to CRM Ethanol Standards:

RGM Sorlet Ko. E30010561 E50010570 E50010265 E50010561 E50010661	Concentration 391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm 52.22 ppm	RGM Scriel Ko. EE0010603 EE0010559 EE0010562 EE0010578	Concentration 392.5 ppm 258.9 ppm 104.2 ppm 52.24 ppm
CRM Scrief Ko.	Concentredon	CITM Scriet 140.	Concentration
CC727481	800.0 ppm	CC727423	390.0 ppm
CC727486	253.0 ppm	CC727498	150.0 ppm

Analytical Method: KDIR

Digitally eigned hydrusility Control Researchy gas elemted cartification of analysis Locations layer USA LLC (Lab) Datastr 2.1.2022 14:10

Approved for Release:

Rod Marsala

ISO 17025:2017 AZLA eccrecited. Confidence Number 3082.06 ISO 17034:2016 AZLA eccrecited. Confidence 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.

DATE 2/14/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES 2/14/2025

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB4 (R6-10)



STATE OF WISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath elcohol 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

