

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

INTOX EC/IR II	MAINTENANCE	REPORT			REPORT #3
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35					
days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed					
into service. Retain the original a	Control of the second of the s	in 15 days to the		ogram, DHSS.	
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION		
12689			03/31/2023		
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION		
10 NE Tudor Rd. Lee's Summit			15:49 CDT		
CHECKLIST: Place a mark in the box					
established limits. (Write in obser	ved values where de	etermined). Unmar	ked items must be	corrected	
before using instrument.					
X DIAGNOSTIC RECORD		200 20020			
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP X FLOW CHECK					
X SRC TEMP X FCB CHECK					
X DET TEMP X CRC COMP CHECK					
X BT TEMP X CRC CAL CHECK					
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	PDC				
	.RDS	COMPREGED E	MILANOI CAC MIVMI	D.F.	
SIMULATOR SOLUTION	X COMPRESSED ETHANOL-GAS MIXTURE				
		LOT# AG204606		DATE 02/15/202	.4
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	SN	SIM. NIST EXP	DATE	
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO E	BE USED PER MAIN	TENANCE REPORT)		
Run three tests using a standard solution. All three tests must be within $\pm 5\%$ of the standard value					
and must have a spread of .00	5 or less. Mark	the box correspond	onding to the sta	andard solution	being
used.		(Anthropological discrete and the state of t			
0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE					
X 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE					
0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE					
1					
TEST 1 0.077 g/210L	TEST 2 0.077	g/210L	TEST 3 0.07	7 g/210L	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS 1 004 0	.0509 0	.1014 1	.1519 4	OVER .19	5
LIST ANY NEW PARTS AND DESCRIBE ANY ALT	RATION OR MODIFICATION	N THAT WAS MADE TO R	ESTORE THE INSTRUMENT	TO OPERATE	
SATISFACTORILY AND WITHIN ESTABLISHED LI	MITS (USE OTHER SIDE	IF NECESSARY).			
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME			
► I SILL 1906	LIGGETT, DERRICK				
	ATION DATE	TELEPHONE NUMBER			
210160 08/0	4/2023	(816)969-170	0		
DETIIDN COMDIETED DEDORT T	O TUE.				
RETURN COMPLETED REPORT TO THE:					
Breath Alcohol Program, Missouri Department of Health and Senior Services,					
by mail, fax, or e-mail					



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: 19-Feb-2022

Lot # AG204606 Model 108

Exp Date 15-Feb-2024 Cyl. Type 108 Component Ethanol Certified Concentration 0.080 ± 0.002 BrAC (218 ppm)

Nitrogen

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

RGM Serial No. Concentration
EB0010581 391.8 ppm
EB0010570 259.8 ppm
EB0010285 209.0 ppm
EB0010561 103.7 ppm
EB0010681 52.22 ppm

RGM Serial No. Concentration
EB0010603 392.5 ppm
EB0010559 258.9 ppm
EB0010562 104.2 ppm
EB0010579 52.94 ppm

CRM Serial No. CC727481 CC727496 Concentration 800.0 ppm 253.0 ppm CRM Serial No. CC727493 CC727498 Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:02.22.2022 19:02

Approved for Release:

Rod Marsala

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 TYPE II

## **DERRICK W. LIGGETT**

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

### INTOX EC/IR II

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 8/4/2021	Faira 1 1 mg			
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 210160				
EXPIRES 8/4/2023	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			

MO 580-0771 (6-10)

LAB-4 (R6-10)

