

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

INTOX EC/IR II					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	er the instrument is	serviced or repa:	ired and whenever :	it is placed	
INTOX EC/IR II SN	NAME OF AGENCY	III 13 days to the	DATE OF INSPECTION	ogram, DHSS.	
12707	Blue Springs Pol	lice Dept	08/25/2023		
LOCATION OF INSTRUMENT (STREET AND CITY		E	TIME OF INSPECTION		
1100 SW. Smith St. Blue Springs	s, MO. 64015		07:10 CDT		
CHECKLIST: Place a mark in the box	by each item if fou	nd to be satisfact	l tory or is operation	ng within	
established limits. (Write in obse	rved values where de	termined). Unmar	ked items must be o	corrected	
before using instrument.					
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK			
			The Property of the Control of the C		
X SRC TEMP		X FCB CHECK			
X DET TEMP		X CRC COMP CHE	CK		
X BT TEMP		X CRC CAL CHECK			
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	ARDS	:			
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER INTOX	IMETERS, INC	LOT# AG221502	EXP.	DATE 08/03/2	024
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	SN	SIM. NIST EXP	DATE	
X CALIBRATION CHECK - (ONLY ON	E STANDARD IS TO B	E USED PER MAIN	TENANCE REPORT)		
Run three tests using a stand				of the stand	ouless back
and must have a spread of .00	)5 or less. Mark	the box correspo	onding to the sta	andard solutio	n being
used.			-		
X 0.10% STANDARD - MUST READ					
0.08% STANDARD - MUST READ	BETWEEN 0.076% AN	D 0.084% INCLUS	IVE		
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	D 0.042% INCLUS	IVE		
TEST 1 = 0.100 g/210L	TEST 2 5 0.100	g/210L	TEST 3 5 0.09	9 g/210L	
INDICATE THE NUMBER OF BREATH T	LESTS IN THE FOLLO	WING RANGES SING	L TE THE LAST MAIN'	TENANCE REPORT	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS 0 004 2	.0509 0	.1014 0	.1519 0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTI SATISFACTORILY AND WITHIN ESTABLISHED L:	ERATION OR MODIFICATION IMITS (USE OTHER SIDE I	THAT WAS MADE TO RE	STORE THE INSTRUMENT	TO OPERATE	
The state of the s					
AUG 2023 MAINTENANCE					
INSPECTING OFFICER					and the same of
SIGNATURE	7.4	PRINT FULL NAME			
D (1) (1. Lot 7 0)	4)	OFC. LITZ			
	ATION DATE	TELEPHONE NUMBER	9		
230155 08/0	1/2025	(816)228-015	0		
RETURN COMPLETED REPORT TO THE:					
Breath Alcohol Program, Miss	souri Department	of Health and	Senior Service	es,	
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: 20-Oct-2020

Lot # AG029401 Model 108cacd

Exp. Date 20-Oct-2022 Cyl. Type

Component Ethanol Nitrogen

<u>Certified Concentration</u> 0.082 ± 0.002 BrAC (223 ppm)

Balance

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

RGM Serial No.	<u>Concentration</u>	RGM 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

 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 Date: 2020.10.22 18:57:27 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Norl Marsola Rod Marsala

ISO 17025:2005 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 JORDAN LITZ

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 RSM	lo.
DATE8/1/2023	Mike Masson
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230155	
EXPIRES 8/1/2025	Davea J. Nichelson
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

