

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

INTOX EC/IR II	MAINTENANCE I	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 and send a copy within 15 days to the Breath Alcohol Program, DHSS.				
INTOX EC/IR II SN	NAME OF AGENCY		06/01/2023	
12818	ST. ANN PD		TIME OF INSPECTION	
LOCATION OF INSTRUMENT (STREET AND CITY			21:56 CDT	
10405 St. Charles Rock R St. Ar	ad to be getiafed		ng within	
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected				
before using instrument.				
X DIAGNOSTIC RECORD				
X BLANK CHECK X CO2 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 STANDARDS				
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE				
Control of the second s			DATE 04/05/2025	
SIMULATOR TEMP (34°C ±0.2°C)	ISIM. S	N .	SIM. NIST EXP	DATE
Difficulties This (31 6 -012 6)				
(AND AND AND AND AND AND AND AND AND AND				
X CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)				
Run three tests using a standard solution. All three tests must be within +5% of the standard value				
and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used.				
X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE				
0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE				
0.00% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE				
U.04% STANDARD NOST KEED SELVER				
TEST 1 0.100 g/210L	TEST 2 3 0.100	g/210L TEST 3 © 0.100 g/210L		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
INDICATE THE NORMAN OF ENGINEER PLANTS AND ADDRESS OF THE PROPERTY OF THE PROP				
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 0	OVER .19 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALT	ERATION OR MODIFICATION	THAT WAS MADE TO R	ESTORE THE INSTRUMENT	TO OPERATE
SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).				
INSPECTING OFFICER				
SIGNATURE		PRINT FULL NAME		
► 10 C	9 0	PO ERIC SONT	HEIMER 190	
	ATION DATE	TELEPHONE NUMBER		
23053 03/3	27/2025	(314)427-800	U	1,000
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: 5-Apr-2023

Lot # AG309502 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

5-Apr-2025

108

Ethanol Nitrogen 0.100 ± 2% BrAC (272 ppm)

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

RGM Serial No. EB0010581

Concentration 391.8 ppm

259.8 ppm

EB0010285 EB0010561 EB0010681

EB0010570

209.0 ppm 103.7 ppm

52.22 ppm

RGM Serial No.

Concentration 392.5 ppm EB0010603

EB0010559 EB0010562 258.9 ppm 104.2 ppm

EB0010579

52.94 ppm

CRM Serial No.

Concentration

mqq 0.008 CC727481 253.0 ppm CC727496

CRM Serial No.

Concentration

CC727493 CC727498 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Argas USA LLC (Lab) Date:04.05.2023 17:55

Approved for Release:

Rod Marsala

Roll Marsola

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07