MISSOURI DEPARTMI STATE PUBLIC HEAD BREATH ALCOHOL PI	LTH LABORATORY ROGRAM		RVICES			
INTOX EC/IR II	MAINTENANCE R	EPORT		-	REPORT #3	
Complete this report at the time of	the regular monthly	preventive maint	enance check (not	to exceed 35		
days). Complete this report whenever	the instrument is	serviced or repai	red and whenever 1	t is placed		
into service. Retain the original and send a copy within 15 days to the			DATE OF INSPECTION	gram, DHSS.		
INTOX EC/IR II SN	NAME OF AGENCY	. Dent	04.13.2023			
12827	Smithville Police	е Берс.	TIME OF INSPECTION			
LOCATION OF INSTRUMENT (STREET AND CITY)		-	06:51 CDT			
107 W Main Street Smithville CHECKLIST: Place a mark in the box B	d to be gatigfact					
established limits. (Write in observ	by each item if iou	ermined) Inmark	ed items must be o	orrected		
before using instrument.	Ved values where det	erminee, . onmark				
X DIAGNOSTIC RECORD						
X BLANK CHECK		X CO2 CHECK		1		
X FC 1 TEMP			X FLOW CHECK			
X SRC TEMP			X FCB CHECK			
X DET TEMP		X CRC COMP CHEC	CK			
		X CRC CAL CHECK				
		X PRINT TEST				
X ETH CHECK						
BREATH ANALYZER ACCURACY STANDA	PDC					
	KD5	COMPRESSED F	THANOL-GAS MIXTUR	л.		
SIMULATOR SOLUTION					25	
	meters	LOT# AG306807		DATE 05.09.20	025	
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S		SIM. NIST EXP I	DATE		
CALIBRATION CHECK - (ONLY ONE Run three tests using a stand and must have a spread of .00 used.           X         0.10% STANDARD - MUST READ           0.08% STANDARD - MUST READ           0.04% STANDARD - MUST READ	ard solution. Al 5 or less. Mark BETWEEN 0.095% AN BETWEEN 0.076% AN	l three tests mu the box correspo D 0.105% INCLUSJ D 0.084% INCLUSJ	ist be within <u>+</u> 5% onding to the sta IVE IVE			
TEST 1 🔄 0.099 g/210L	TEST 2 5 0.099	g/210L	TEST 3 3 0.099	9 g/210L		
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SINC	CE THE LAST MAINT	TENANCE REPORT	:	
REFUSALS 1 004 0	.0509 0	.1014 1	.1519 0	OVER .19	0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE			STORE THE INSTRUMENT	TO OPERATE		
SATISFACTORILY AND WITHIN ESTABLISHED LI	MITS (USE OTHER SIDE I	F NECESSARY).				
INSPECTING OFFICER					27日1月1日日本	
SIGNATURE		PRINT FULL NAME				
TYPE II PERMIT NUMBER EXPIRATION DATE		GEARHART, DANIEL TELEPHONE NUMBER				
	1.2024	(816) 532-050	0			
RETURN COMPLETED REPORT TO	D THE:					
Breath Alcohol Program, Miss by mail, fax, or e-mail	ouri Department	of Health and	Senior Service	es,		

MO 580-2899(5-19)



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: 13-Mar-2023

#### Lot # AG306807 Model 108

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

<b>RGM Serial No.</b>	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 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 Reason:Dry gas standard certification of analysis Location:Argas USA LLC (Lab) Date:03.16.2023 13:02

Nor Marsale

Rod Marsala

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

Approved for Release:



#### STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



## PERMIT TYPE II DANIEL GEARHART

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 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 906.119 RSMo. DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220126

EXPIRES 5/11/2024

MD 530-0771 (6-10)

Danes I. Nichelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB-4 (RE-10)

