

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 and send a copy within 15 days to the Breath Alcohol Program, DHSS.					
			DATE OF INSPECTION	Aram, pripp.	****
12834	Clay County SO		06/03/2023		
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION		
14 South Water Street Liberty			01:22 CDT		
CHECKLIST: Place a mark in the box					
established limits. (Write in obser	rved values where de	etermined). Unmark	ted items must be	corrected	
before using instrument. X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP		X FLOW CHECK			
X SRC TEMP		X FCB CHECK	——————————————————————————————————————	÷	
X DET TEMP			227		
l lorend		X CRC COMP CHEC			
X BT TEMP		X CRC CAL CHEC	<u> </u>		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	RDS	201100000000000000000000000000000000000			
SIMULATOR SOLUTION			THANOL-GAS MIXTU		
	IMETERS	LOT# AG221502		DATE 08/03/2	024
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	SN	SIM, NIST EXP	JATE	
X CALIBRATION CHECK - (ONLY ONE					
Run three tests using a stand					
and must have a spread of .00 used.	5 or less. Mark	the box correspo	onding to the sta	andard solution	n being
X 0.10% STANDARD - MUST READ	BETWEEN A A95% AT	ND A 1A5% INCLUSA	rve		
0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ					
TEST 1 5 0.104 g/210L	TEST 2 5 0.104	g/210L	TEST 3 1 0.10	4 g/210L	
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	OWING RANGES SINC	CE THE LAST MAIN	PENANCE REPORT	:
			<u> </u>		
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 1	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTI SATISFACTORILY AND WITHIN ESTABLISHED L:			STORE THE INSTRUMENT	TO OPERATE	
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME			
► 6-1/8/99		BUSH, JAMES			
1 / / 1	TION DATE	TELEPHONE NUMBER (816) 407-3700	1		
12/2	1/2023	1 010 / 40/-3/00	<i>s</i>		
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

Test Date: 4-Aug-2022

Certificate of Analysis

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Customer Name Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Lot # AG221502 Model 108

Exp Date 3-Aug-2024 Cyl. Type 108 **Component** Ethanol

Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Nitrogen

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

RGM Serial No.	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	GC727493	390.0 ppm
CC727496	253.0 ppm	GC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:08.04.2022 15:01

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

JAMES S. BUSH

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

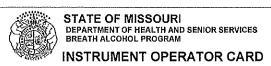
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 12/21/2021	12/21/2021	Laura Way
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	210324	$\Omega = 1 + 2 \dots \Lambda$
EXPIRES 12/21	12/21/2023	Thomas A. Kann my
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

11 0



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator BUSH, JAMES Permit No 210324 Date Issued 12/21/2021 I

Issued 12/21/2021 Date Expires 12/21/2023

