



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 and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX EC/IR II SN

12965

NAME OF AGENCY

Crestwood PD

DATE OF INSPECTION

09/24/2023

LOCATION OF INSTRUMENT (STREET AND CITY)

1 Detjen Drive Crestwood

TIME OF INSPECTION

10:50 CDT

**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.

☒ DIAGNOSTIC RECORD☒ BLANK CHECK☒ CO2 CHECK☒ FC 1 TEMP☒ FLOW CHECK☒ SRC TEMP☒ FCB CHECK☒ DET TEMP☒ CRC COMP CHECK☒ BT TEMP☒ CRC CAL CHECK☒ STD 2 TEMP☒ PRINT TEST☒ ETH CHECK

## BREATH ANALYZER ACCURACY STANDARDS

☐ SIMULATOR SOLUTION☒ COMPRESSED ETHANOL-GAS MIXTURE☒ STANDARD SUPPLIER

Intoximeters

LOT# AG323603

EXP. DATE 08/24/2025

☐ SIMULATOR TEMP (34°C  $\pm$  0.2°C)

SIM. SN

SIM. NIST EXP DATE

☒ 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  $\pm$ 5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used.

☐ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE☒ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVETEST 1  $\approx$  0.078 g/210LTEST 2  $\approx$  0.078 g/210LTEST 3  $\approx$  0.077 g/210L

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS

0

0-.04

0

.05-.09

0

.10-.14

0

.15-.19

0

OVER .19

0

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

MONTHLY MAINTENANCE new dry gas standard tank installed

## INSPECTING OFFICER

SIGNATURE

PRINT FULL NAME

MIDYETT, CHRISTOPHER

TYPE II PERMIT NUMBER

230149

EXPIRATION DATE

07/21/2025

TELEPHONE NUMBER

( 314 ) 729-4800

## 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:** 24-Aug-2023

**Lot #** AG323603 **Model** 108

Exp Date	Cyl. Type	Component	Certified Concentration
24-Aug-2025	108	Ethanol Nitrogen	0.080 ± 0.002 BrAC (218 ppm)

**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.	Concentration
CC727481	800.0 ppm
CC727496	253.0 ppm

CRM Serial No.	Concentration
CC727493	390.0 ppm
CC727498	150.0 ppm

**Analytical Method:** NDIR

Digitally signed by: Quality Control  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)  
Date: 08.24.2023 19:56

**Approved for Release:** \_\_\_\_\_

Yusef Woods

**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

2

**PERMIT**  
**TYPE II**  
**CHRISTOPHER R. MIDYETT**

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 7/21/2023

NUMBER 230149

EXPIRES 7/21/2025

MO 580-0771 (6-10)

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Danica J. Nickelson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)