

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

	II MAINTENANCE			REPORT #3	
Complete this report at the time					
days). Complete this report when					
into service. Retain the origina	NAME OF AGENCY	ithin 15 days to the			
13051	Creve Coeur Po	olico Dont	DATE OF INSPECTION 08/14/2023		
LOCATION OF INSTRUMENT (STREET AND C		Dire Dept.	TIME OF INSPECTION		
350 N. New Ballas Rd. Creve	/		10:05 CDT		
CHECKLIST: Place a mark in the h	found to be satisfac		ng within		
established limits. (Write in ob					
before using instrument.				33223333	
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK			
			X FLOW CHECK		
X SRC TEMP	X FCB CHECK				
X DET TEMP		X CRC COMP CHI	ack		
X STD 2 TEMP			X CRC CAL CHECK		
		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STA	NDARDS				
SIMULATOR SOLUTION		X COMPRESSED I	ETHANOL-GAS MIXTU	RE	
	OXIMETERS	LOT# AG220802	EXP.	DATE 07/27/2024	
SIMULATOR TEMP (34°C ±0.2°	C) SIM.	. SN	SIM. NIST EXP	DATE	
X CALIBRATION CHECK - (ONLY	ONE STANDARD IS TO	BE USED PER MAIN	ITENANCE REPORT)		
Run three tests using a st	andard solution.	All three tests m	nust be within +5	% of the standard value	
and must have a spread of					
used.					
X 0.10% STANDARD - MUST RE					
0.08% STANDARD - MUST RE					
0.04% STANDARD - MUST RE	AD BETWEEN 0.038%	AND 0.042% INCLUS	SIVE		
TEST 1 3 0.101 g/210L)1 ~/210T	I mpgm 2 200 0 10	0 / 21 01	
	TEST 2 № 0.10				
INDICATE THE NUMBER OF BREAT	H TESTS IN THE FOL	LOWING RANGES SIN	ICE THE LAST MAIN	TENANCE REPORT:	
REFUSALS 0 004 7	.0509 0	.1014 3	15 10 0	OVER 10	
		<u> </u>	.1519 0	OVER .19 2	
LIST ANY NEW PARTS AND DESCRIBE ANY SATISFACTORILY AND WITHIN ESTABLISHE	ALTERATION OR MODIFICAT D LIMITS (USE OTHER SID		ESTORE THE INSTRUMENT	TO OPERATE	
INSPECTING OFFICER					
SIGNATURE //	j	PRINT FULL NAME			
► Jun 6 , #1015		j i	ZUCKERMAN, JONATHAN		
1 9 10	PIRATION DATE	TELEPHONE NUMBER			
220067	3/09/2024	(314)432-800	10		
RETURN COMPLETED REPORT	TO THE:				
Breath Alcohol Program, M.		nt of Health and	Remior Servic	82	
by mail, fax, or e-mail		or mourem and	~ SCHIOL DELATE		
a marr, run, or e marr					



Airges USALLO (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 633-7328

Certificate of Analysis

Customer Name Exclusive Supplier intoximeters, inc. 2081 Craig Road St. Louis, Mo 63146

Test Date: 27-Jul-2022

Lot # AG220802 Model 108

Exp Date 27-Jul-2024 Cyl. Type

Component Ethanoi

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 **EB001058**1 391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm 52.22 ppm EB0010570 EB0010285 EB0010561 EB0010681

RGM Serial No. Concentration **##0010603** 392, 5 ppm 268.9 ppm 164.2 ppm EB0010869 **段級0010862** EB0010879 52.94 ppm

CRM Serial No. Concentration CC727481 800.0 ppm CC727496 253.0 ppm

CRM Serial No. CC727493 CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Olgitelly signod by: Quality Control ResearCify gas etendard cartification of analysis LocationAfross UBA LLC (Leb) Osto: 07.27.2022 18:22

Approved for Release:

Norl Marada

ISO 17025:2017 A2LA accredited. Certificate Number 308206 ISO 17034:2016 A2LA accredited. Certificate Number 308207



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

JONATHAN P ZUCKERMAN

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	3/9/2022	Laura & Way
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	220067	
EXPIRES	3/9/2024	Davla I. Nichelson
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

