

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

INTOX EC/IR II	MAINTENANCE	REPORT			REPORT :
Complete this report at the time of	f the regular monthl	ly preventive main	ntenance check (no	t to exceed 35	
days). Complete this report whenever	er the instrument is	s serviced or repa	aired and whenever	it is placed	
into service. Retain the original a		in 15 days to the			
12686	NAME OF AGENCY		DATE OF INSPECTIO	N	
12686 SPRINGFIELD POLICE DEPT. LOCATION OF INSTRUMENT (STREET AND CITY)		CE DEPT.	04/07/2020		
1000 N. BOONVILLE (GC JA SPRINGFIELD, MO			TIME OF INSPECTIO	N	
CHECKLIST: Place a mark in the box by each item if found		nd to be satisfac	01:53 CDT	I	
established limits. (Write in obser	ved values where de	termined). Unmar	ked items must be	orregted	
before using instrument.		orania i	ned leems mast be	corrected	
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			X CRC COMP CHECK		
X BT TEMP		X CRC CAL CHECK			
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK		A FRINT TEST			
BREATH ANALYZER ACCURACY STANDA	200				
	KDS				
SIMULATOR SOLUTION			THANOL-GAS MIXTU		
X STANDARD SUPPLIER Intoxi	meters 1	LOT# AG829708	EXP.	DATE 10/24/202	20
SIMULATOR TEMP (34°C +0.2°C)	SIMULA	FOR S/N	SIMULATOR EXP	DATE	
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO BE	USED PER MAIN	TENANCE REPORT)		
Run three tests using a standa	ard solution. All	three tests mu	st be within +5	% of the standar	rd value
and must have a spread of .005	or less. Mark t	the box correspo	onding to the st	andard solution	being
used. (PRINTOUT ATTACHED)					
X 0.10% STANDARD - MUST READ F	BETWEEN 0.095% AND	0.105% INCLUSI	IVE		
0.08% STANDARD - MUST READ E	SETWEEN 0.076% AND	0.084% INCLUSI	IVE		
0.04% STANDARD - MUST READ E	SETWEEN 0.038% AND	0.042% INCLUSI	IVE		
TEST 1 0.098 g/210L	TEST 2 ® 0.098 g	/210T.	TECT 2 № 0 000	9 ~/2101	
		27	TEST 3 🖙 0.098		
INDICATE THE NUMBER OF BREATH TE	STS IN THE FOLLOW	ING RANGES SINC	E THE LAST MAIN	TENANCE REPORT:	
REFUSALS 0 004 0	.0509 0	.1014 1	.1519 3	OVER 10 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTER	ATION OR MODIFICATION	THAT WAS MADE TO BE		OVER .19 1	
SATISFACTORILY AND WITHIN ESTABLISHED LIM	ITS (USE OTHER SIDE IF	NECESSARY).	STORE THE INSTRUMENT	TO OPERATE	
MAINT TEST					
INSPECTING OFFICER					. Pri transmining
SIGNATURE		PRINT FULL NAME	Date means ut	SE LEVILLE AND A	
> //balluad		SWEET, DUSTIN			
TYPE II PERMIT NUMBER EXPIRATI 200134 03/09/	,	ELEPHONE NUMBER			
03, 03,		(417)864-1810			
RETURN COMPLETED REPORT TO	-				
Breath Alcohol Program, Misson	uri Department o	of Health and	Senior Service	s.	
Southeast District Office, 28	75 James Blvd, P	oplar Bluff.	MO 63901		



Airgee USA LLC (LAB) 3500 Bernard Street St. Louie, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328



ASSESTOR 04

Certificate of Analysis

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

Test Date: 25-Oct-2018

Lot # AG829708 Model 108cacd

Exp. Date 24-Oct-2020 Cvl. Tyron

Component Ethenol

Nitrogen

Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Balance

Cartification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	Concentration	
ED0010001	392.1 ppm	
EB0010570	250.8 ppm	
EB0010285	208.0 ppm	
EB0010881	103.6 ppm	
EB0010881	52.12 ppm	
	• •	

Serial No. EB0010503 EB0010560 EB0010562 EB0010579	Concentration 183.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm
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Analytical Method:

NDIR

Digitally depend by Quality Control
Dule: 2014, 10.281 14:18:50-08:00
Rumont: Dry gon altraduct confloation of analysis
Location: Altina URA LLC (Leb)

Approved for Release:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

DUSTIN SWEET

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

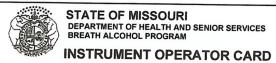
INTOX EC/IR II

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.

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DATE 3/9/2020	muse
NUMBER 200134	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 3/9/2022	El UVIlle
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 SWEET, DUSTIN

Permit No 200134

Date Issued 3/9/2020 Date Expires 3/9/2022

