

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

INTOX EC/IR II MAINTENANCE REPORT

Complete this moment at the		THE RELEASE			REPORT
Complete this report at the	e time of the regul	ar monthly preventive ma	intenance check (n	ot to exceed 3	5
days). Complete this report	whenever the inst	rument is serviced or re	epaired and wheneve	er it is placed	
into service. Retain the or	riginal and send a	copy within 15 days to t	he Breath Alcohol	Program, DHSS.	
	NAME OF AG		DATE OF INSPECTI	ON	
12684		ELD POLICE DEPT	04/07/2020		
LOCATION OF INSTRUMENT (STREET			TIME OF INSPECTI	ON	
2620 W BATTELFIELD SPRINGFIELD, MO			02:22 CDT		
CHECKLIST: Place a mark in	the box by each ite	em if found to be satisf	actory or is opera	ting within	
established limits. (Write	in observed values	where determined). Unm	arked items must be	e corrected	
before using instrument.				00110000	
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP		and the second s			
I bossed		X FLOW CHECK			
X SRC TEMP		X FCB CHECK			
X DET TEMP		X CRC COMP CH	HECK		
X BT TEMP		X CRC CAL CH	ECK		
X STD 2 TEMP					
		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY	STANDARDS				
SIMULATOR SOLUTION		COMPRESSED	ETHANOL-GAS MIXT	שסוזי	
X STANDARD SUPPLIER	Intoximeters				
Manager 1		LOT# AG829708). DATE 10/24	/2020
SIMULATOR TEMP (34°C ±	0.2°C)	SIMULATOR S/N	SIMULATOR EXP	DATE	
X CALIBRATION CHECK - (O	NLY ONE STANDARD	IS TO BE USED PER MAT	NTENANCE PEDODTI		
Run three tests using a	standard solution	on. All three tests	must be within +!	5% of the sta	ndard value
and must have a spread used. (PRINTOUT ATTACH	or .005 or less.	Mark the box corres	ponding to the st	tandard solut	ion being
X 0.10% STANDARD - MUST	READ BETWEEN 0.	095% AND 0.105% INCLU	SIVE		
0.08% STANDARD - MUST	READ BETWEEN 0.0	076% AND 0.084% INCLU	SIVE		
0.04% STANDARD - MUST	READ BETWEEN 0.0	038% AND 0.042% INCLU	SIVE		
TEST 1 0.100 g/210L	TEST 2 5	0.100 g/210L	TEST 3 3 0.10	00 α/210Ι.	
INDICATE THE NUMBER OF BR		_			
INDICATE THE NUMBER OF BR	THE MI CICAL HIMA	FOLLOWING RANGES SIN	ICE THE LAST MAIN	NTENANCE REPO	RT:
REFUSALS 0 004	0 05 00	0 1 10 11	T		
0 0.01	0 .0509	0 .1014 0	.1519 0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE A SATISFACTORILY AND WITHIN ESTABL	ANY ALTERATION OR MODI	FICATION THAT WAS MADE TO F	ESTORE THE INSTRUMENT	T TO OPERATE	
DOTADE.	ISHED DIMITS (USE OTHE	R SIDE IF NECESSARY).			
MAINT TEST					
MAINI IESI					
INCREGENC OFFICE					
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME			
		SWEET, DUSTIN	1		
TYPE II PERMIT NUMBER 200134	EXPIRATION DATE	TELEPHONE NUMBER			
200134	03/09/2022	(417)864-181	0		
RETURN COMPLETED REPO					1
TEFU	פעים חר שעים.				
Breath Alcohol Program, Southeast District Offi	Missouri Depar	tment of Health and	Senior Service	es,	



Airgae UBA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fac: (314) 683-7328



Certificate of Analysis

Guntomar Name Exclusive Supplier Intoidmeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Test Date: 25-Oct-2018

Lot # AG829708 Model 108cacd

Exp. Data 24-Oct-2020 Cyl. Type 108

Component Ethanol

Nitrogen

Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Balance

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

Serial No.	Concentration 302.1 ppm 209.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm	Serial No.	Concentration
EB0010501		EB0010803	383.0 ppm
EB0010570		EB0010868	258.2 ppm
EB0010205		EB0010868	209.3 ppm
EB0010601		EB0010862	104.2 ppm
EB0010681		EB0010879	52.81 ppm

Analytical Method:

NDR

Approved for Release:

iSO 17026:2005 A2LA accredited. Certificate Number 3082.08



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):

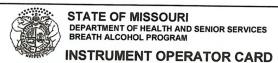
INTOX EC/IR II

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.

DATE3/9/2020	want
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200134	
EXPIRES 3/9/2022	for Ville
	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

