

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 whenev		_	•	~		
	into service. Retain the original and send a copy within 15 days to the			-		
INTOX EC/IR II SN 12687	NAME OF AGENCY	TOR DEDM	DATE OF INSPECTION			
	SPRINGFIELD POL	ICE DEPI.	09/01/2020			
LOCATION OF INSTRUMENT (STREET AND CITY						
1000 N BOONVILLE GC JAIL SPRING			11:41 CDT	7.1.1		
CHECKLIST: Place a mark in the box established limits. (Write in obse	=		-	-		
before using instrument.	tved values where de	ecermined, omnar	red icems must be	corrected		
X DIAGNOSTIC RECORD						
X BLANK CHECK		X CO2 CHECK				
X FC 1 TEMP						
Second Control of the	to the second					
X SRC TEMP						
X DET TEMP						
M BT TEMP		X CRC CAL CHEC	K			
STD 2 TEMP		X PRINT TEST				
X ETH CHECK						
BREATH ANALYZER ACCURACY STANDA	ARDS					
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE		
X STANDARD SUPPLIER intox	imeters	LOT# AG829708	EXP.	DATE 10/24/2	2020	
SIMULATOR TEMP (34°C +0.2°C)	SIM. S	SN	SIM. NIST EXP	DATE		
<b>-</b>						
X CALIBRATION CHECK - (ONLY ON)	P CTANTARD TC TO I	DE TICEN DED WATE	TENANCE DEDODM			
<del>                                    </del>						
Run three tests using a stand			_			
and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used.						
X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE						
0.08% STANDARD - MUST READ						
0.04% STANDARD - MUST READ						
L						
TEST 1 🤝 0.100 g/210L	TEST 2 🖙 0.100	g/210L	TEST 3 🐷 0.10	0 g/210L		
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SING	E THE LAST MAIN	IENANCE REPORT	ſ:	
REFUSALS 0 004 1	.0509 0	.10~.14 0	.1519 2	OVER .19	0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTI			STORE THE INSTRUMENT	TO OPERATE		
SATISFACTORILY AND WITHIN ESTABLISHED LE	IMITS (USE OTHER SIDE I	IF NECESSARY).				
INSPECTING OFFICER		2 2 2 2	1000	The state of the s	193.18	
SIGNATURE >		PRINT FULL NAME				
1840	>	KAUFMAN, BENJ	AMIN			
	8/2022	TELEPHONE NUMBER (417)864-1810	)			
		(41),004-1010	,			
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



22-0770-00 04: AG829708

### **Certificate of Analysis**

<u>Customer Name</u>

Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 25-Oct-2018

Lot # AG829708 Model 108cacd

 Exp. Date
 Cyl. Type
 Component
 Certified Concentration

 24-Oct-2020
 108
 Ethanol
 0.100 ± 2% BrAC (272 ppm)

 Nitrogen
 Balance

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

Serial No.	Concentration	Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

Analytical Method: NDIR

Digitally signed by Quality Control Date: 2018.10.25 14:13:39 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

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

## BENJAMIN R. KAUFMAN

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

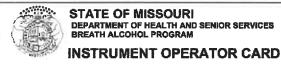
### INTOX EC/IR II

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.

DATE8/29/2018	Want		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER <b>280260</b>			
EXPIRES 8/29/2020	for of order		
	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 at in Missouri.

Operator KAUFMAN, BENJAMIN

Permit No 280260

Date Issued 8/29/2018 Date Expires 8/29/2020

