

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

		INTENANCE				REPORT #3	
Complete this report at th						<u> </u>	
days). Complete this repor							
into service. Retain the o		send a copy wit. He of Agency	hin 15 days to the		<u> </u>	_	
12690	<b>I</b>		דרש השחש	DATE OF INSPECTION 03/13/2020	N		
12690 BLUE SPRINGS POLICE DEPT LOCATION OF INSTRUMENT (STREET AND CITY)				TIME OF INSPECTION	· · · · · · · · · · · · · · · · · · ·	<del></del>	
1100 SW. SMITH ST BLUE		19:20 CDT	1				
CHECKLIST: Place a mark in	und to be satisfac		ng within				
established limits. (Write							
before using instrument.			,	Maga 200mb Maga 20	002200224		
X DIAGNOSTIC RECORD	<u> </u>						
X BLANK CHECK			X CO2 CHECK		<del></del>		
X FC 1 TEMP	X FLOW CHECK						
X SRC TEMP	X FCB CHECK						
i land	X CRC COMP CHECK						
X BT TEMP	X CRC CAL CHECK						
X STD 2 TEMP			X PRINT TEST				
X ETH CHECK							
BREATH ANALYZER ACCURAC	Y STANDARDS						
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE							
X STANDARD SUPPLIER	LOT# AG901505	EXP. DATE 01/15/2021					
SIMULATOR TEMP (34°C	ATOR S/N	SIMULATOR EXP DATE					
<b>3</b>	_		, ,				
X CALIBRATION CHECK - (	NIV ONE CE	NDARD TO TO	DE MEED DEE WATE	MENTANCE DADODM			
Run three tests using	a standard	solution. A	ll three tests m	ust be within +5	% of the stan	dard value	
and must have a sprea- used. (PRINTOUT ATTA		t tess. Mark	the box corresp	onding to the st	andard soluti	on being	
X 0.10% STANDARD - MU	•	መጀመዝ በ በዓፍይ ልነ	NTO A 1AES INCLIE	ים עדי			
0.08% STANDARD - MU							
0.04% STANDARD - MU							
		, , , , , , , , , , , , , , , , , ,		272			
TEST 1 ≈ 0.099 g/210L TES		TEST 2 % 0.100 g/210L		TEST 3 - 0.100 g/210L		· · · · · · · · · · · · · · · · · · ·	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						<b></b>	
		, IN IND TODA	OHING KANGES SIN	CB IND HAST MAIN	IENANCE REPOR	T:	
REFUSALS 5 004	5 .0!	509 1	.1014 2	.1519 3	OVER .19	1	
LIST ANY NEW PARTS AND DESCRIB	ANY ALTERATIO	ON OR MODIFICATIO	 N THAT WAS MADE TO R				
SATISFACTORILY AND WITHIN ESTA	BLISHED LIMITS	(USE OTHER SIDE	IF NECESSARY).				
INSPECTING OFFICER							
SIGNATURE			PRINT FULL NAME		<u>.</u>	<u>,                                     </u>	
- RW Stondy	R.W. Gondon		GONDRAN, RONALD				
TYPE II PERMIT NUMBER	EXPIRATION DATE		TELEPHONE NUMBER			<del></del>	
290112	05/23/20	21	(816)228-015	1			
RETURN COMPLETED RE	ייי פאר ייי			<del></del>	<del></del>		
			of Health - 1	1 a			
Breath Alcohol Progra					es,		
Southeast District Of	tice, 2875	uames Blvd,	Poplar Bluff,	MO 63901			



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: 15-Jan-2019

Lot # AG901505 Model 108cacd

Exp. Date

Cyl. Type

Component

**Certified Concentration** 

15-Jan-2021

108

Ethanol Nitrogen 0.100 ± 2% BrAC (272 ppm)

Balance

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

 RGM Serial No.
 Concentration

 EB0010581
 392.1 ppm

 EB0010570
 259.8 ppm

 EB0010285
 208.0 ppm

 EB0010561
 103.6 ppm

 EB0010681
 52.12 ppm

Concentration 800.0 ppm 253.0 ppm RGM Serial No. EB0010603 EB0010559 EB0010595 EB0010562 EB0010579

<u>CRM Serial No.</u> 0056649 0056662 104.2 ppm 52.81 ppm

Concentration

393.0 ppm

258.2 ppm

208.3 ppm

Concentration 390.1 ppm 150.2 ppm

Analytical Method:

CRM Serial No.

CC434668

CC234503

NDIR

Digitally signed by Quality Control Date: 2019.01.16 10:57:36 -06:00 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 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07