

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	-				
days). Complete this report whenever		_		-	
into service. Retain the original a	and send a copy with NAME OF AGENCY	in 15 days to the	Breath Alcohol Pr	ogram, DHSS.	
INTOX EC/IR II SN 12697	Foristell Police	Donart	11/04/2020		
LOCATION OF INSTRUMENT (STREET AND CITY)		- Depart	TIME OF INSPECTION		
30 First Street Foristell, Mo 6			07:27 CST		
CHECKLIST: Place a mark in the box		and to be satisfact		ng within	
established limits. (Write in obser					
before using instrument.	a raraos moro ao	Joseph January	iod iodino inabe be	55225554	
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 CHEC	מער		
X BT TEMP					
		X CRC CAL CHECK	<u> </u>		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	RDS				
SIMULATOR SOLUTION		X COMPRESSED ET	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER intoxi	imeters	LOT# AG902202	EXP.	DATE 01/22/2021	L
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	SN	SIM. NIST EXP	DATE	
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO B	E USED PER MAINT	ENANCE REPORT)		
Run three tests using a stand				of the standar	d walue
and must have a spread of .00					
used.		1	5		5
0.10% STANDARD - MUST READ	BETWEEN 0.095% AN	D 0.105% INCLUSI	VE		
X 0.08% STANDARD - MUST READ	BETWEEN 0.076% AN	D 0.084% INCLUSI	VE		
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	D 0.042% INCLUSI	VE		
TEST 1 0.080 g/210L	TEST 2 0.080	g/210L	TEST 3 0.08) g/210L	
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SINC	E THE LAST MAIN	TENANCE REPORT:	
REFUSALS 2 004 10	.0509 0	.1014 0	.1519 0	OVER .19 2	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE SATISFACTORILY AND WITHIN ESTABLISHED LI			STORE THE INSTRUMENT	TO OPERATE	
DATIONACIONIDI AND WITHIN ESTABLISHED BI	MITS (OSE OTHER SEE)	I NECESSARI).			
nov mr					
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME			
TYPE II PERMIT NUMBER TEXPIRA	TION DATE	WELSH, ROBERT			
Toronto and the same of the sa	4/2022	(636)463-2123	i		
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

Certificate of Analysis

Customer Name

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

23-Jan-2019 Test Date:

Lot # AG902202 Model 108cacd

Exp. Date 22-Jan-2021

Cyl. Type 108

Component Ethanol

Certified Concentration

 $0.080 \pm 0.002 \, \text{BrAC} \, (218 \, \text{ppm})$

Nitrogen

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

CRM Serial No.	Concentration	
CC434668 CC234503	800.0 ppm	
	253.0 ppm	

RGM Serial No.	Concentration
EB0010603	393.0 ppm
EB0010559	258.2 ppm
EB0010595	208.3 ppm
EB0010562	104.2 ppm
EB0010579	52.81 ppm

CRM Serial No.	Concentration
0056649	390.1 ppm
0056662	150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2019.01.23 15:59:23 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

ROBERT W WELSH

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.

DATE1/14/2020	usus
Section 18 March 18 March 19 M	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200062	
EXPIRES 1/14/2022	Ky och line
AD after owner (e.g.)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

