

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

INTOX EC/IR II				REPORT #3
Complete this report at the time of				
days). Complete this report whenever				
into service. Retain the original a		in 15 days to the		ogram, DHSS.
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION	
12701	OVERLAND POLICE	DEPT	02/03/2020	
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION	
2410 GOODALE OVERLAND			08:22 CST	
CHECKLIST: Place a mark in the box				
established limits. (Write in obse	rved values where de	termined). Unmark	ced items must be	corrected
before using instrument.				
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	CK	
X BT TEMP		X CRC CAL CHECK	K	
X STD 2 TEMP		X PRINT TEST		
X ETH CHECK				
	nng.			
BREATH ANALYZER ACCURACY STANDA	ARDS	COMPREGED E	THE NAME OF THE PARTY OF THE PA	D.P.
SIMULATOR SOLUTION			THANOL-GAS MIXTU	
		LOT# AG925509		DATE 05/12/2021
SIMULATOR TEMP (34°C $\pm 0.2$ °C)	SIMULA	ATOR S/N	SIMULATOR EXP	DATE
X CALIBRATION CHECK - (ONLY ONE	E STANDARD IS TO E	BE USED PER MAINT	TENANCE REPORT)	
Run three tests using a stand	dard solution. Al	.l three tests mu	ust be within +5	% of the standard value
and must have a spread of .00	05 or less. Mark	the box correspo	onding to the st	andard solution being
used. (PRINTOUT ATTACHED)				
X 0.10% STANDARD - MUST READ	BETWEEN 0.095% AN	ND 0.105% INCLUSE	IVE	
0.08% STANDARD - MUST READ	BETWEEN 0.076% AN	ID 0.084% INCLUS	IVE	
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	ND 0.042% INCLUS	IVE	
TEST 1 0.099 g/210L	TEST 2 0.099		TEST 3 🖘 0.09	
INDICATE THE NUMBER OF BREATH T	TESTS IN THE FOLLO	WING RANGES SINC	CE THE LAST MAIN	TENANCE REPORT:
REFUSALS 1 004 40	.0509 1	.1014 0	.1519 0	OVER .19 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTI SATISFACTORILY AND WITHIN ESTABLISHED L			STORE THE INSTRUMENT	TO OPERATE
SATISFACTORIDI AND WITHIN ESTABLISHED D.	IMIIS (OSE OTHER SIDE :	IF NECESSARI).		
INSPECTING OFFICER	医足 美国的现在分词			
SIGNATURE OF C		PRINT FULL NAME		
PO Enes Broconil		GRACANIN, ENE	S	
	ATION DATE	TELEPHONE NUMBER		
200050 01/1	.0/2022	(314)428-1212	4	
RETURN COMPLETED REPORT T	O THE:			
Breath Alcohol Program, Miss	souri Department	of Health and	Senior Service	es,
Southeast District Office, 2	<del>-</del>			• · · · · · · · · · · · · · · · · · · ·
		/		



## STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

# ENES GRACANIN

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

# ALCO-SENSOR IV WITH PRINTER, 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.

DATE 1/10/2020	want			
DAIL	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 200050				
EXPIRES 1/10/2022	for Villen			
	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 all in Missouri

Operator

GRACANIN, ENES

Permit No 200050 Date Issued 1/10/2020

20 Date Expires 1/10/2022





Airgas Specialty Gases Airgas USA, LLC 6141 Easton Road Bldg 1 Plumsteadville, PA 18949 Airgas.com

### CERTIFICATE OF ANALYSIS

#### Grade of Product: EPA Protocol

Part Number:

E02NI99E15A0117

Reference Number: 160-401526342-1 Cylinder Volume:

144.4 Cubic Feet

Cylinder Number: Laboratory:

124 - Plumsteadville - PA

2015 PSIG

PGVP Number:

A12019

Cylinder Pressure: Valve Outlet:

330

Gas Code:

H2S,BALN

Certification Date:

Jun 12, 2019

Expiration Date: Jun 12, 2022

Certification performed in accordance with "EPA Traceability Protocol for Assay and Certification of Gaseous Calibration Standards (May 2012)" document EPA 600/R-12/531, using the assay procedures listed. Analytical Methodology does not require correction for analytical interference. This cylinder has a total analytical uncertainty as stated below with a confidence level of 95%. There are no significant impurities which affect the use of this calibration mixture. All concentrations are on a volume/volume basis unless otherwise noted.

Do Not Use This Cylinder below 100 psig. Le. 0.7 megapascals.

Component Requested			ANALYTICA Actual	Protocol	otocol Total Relative		Assay
		Concentration	Concentration	Method	Uncertainty		Dates
HYDROGEN SULFIDE 240.0 PPM		240.0 PPM	G1	+/- 2%		06/12/2019, 06/12/2019	
		Balance					
			CALIBRATION	STANDARI	DS		•
_		- · · · · ·		101111111111111		Uncertainty	<b>Expiration Date</b>
Type	Lot ID	Cylinder No	Concentration				
GMIS	12346	CC207769	311.3 PPM HYDROGEN			+/- 0.6%	Sep 21, 2019
RGM	12346	CC281664	298.2 PPM HYDROGEN	SULFIDE/NITROG	EN-	+/- 0.5%	Nov 12, 2017
The SRM,			e to the GMIS used in the assa	y and not part of the a	analysis.	1017 PARTIES NO. 1851 PARTIES	
a seed to the con-	13.5	y Mari Persandahan and Late	ANALYTICAL		T		
Instrum	ent/Make/Mod	iel	Analytical Principle		Last	Multipoint Calib	oration
AMETEK	92E-921-S411		NDUV		Jun (	3, 2019	

Triad Data Available Upon Request

