



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	of the regular month	nly preventive main	tenance check (not	to exceed 35	
days). Complete this report whenev	er the instrument	is serviced or repa	ired and whenever	it is placed	
into service. Retain the original INTOX EC/IR II SN	NAME OF AGENCY	thin 15 days to the			
12710	St. Clair		DATE OF INSPECTION 02/06/2020	l	
LOCATION OF INSTRUMENT (STREET AND CITY			TIME OF INSPECTION		
1 Paul Parks Dr. St. Clair	<i>y</i> .		11:05 CST		
CHECKLIST: Place a mark in the box	by each item if fo	ound to be satisfact		ng within	
established limits. (Write in obse	rved values where d	letermined). Unmar	ked items must be	corrected	
before using instrument.		,		corrected	
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	NIZ		
X BT TEMP					
X STD 2 TEMP		X CRC CAL CHEC			
lance of the second		X PRINT TEST			
X ETH CHECK				12	
BREATH ANALYZER ACCURACY STANDA	ARDS				
SIMULATOR SOLUTION	X COMPRESSED ETHANOL-GAS MIXTURE				
X STANDARD SUPPLIER Airgas		LOT# AG901505	EXP. DATE 01/15/2021		2021
SIMULATOR TEMP (34°C ±0.2°C)	SIMUL	ATOR S/N	SIMULATOR EXP I		
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO 1	OF HEED DED MATNE	ENANCE DEDODE		
			5		
Run three tests using a stand	ard solution. A	ll three tests mu	st be within +59	of the stan	dard value
and must have a spread of .00 used. (PRINTOUT ATTACHED)	of less. Mark	the box correspo	nding to the sta	andard soluti	on being
X 0.10% STANDARD - MUST READ	RETWEEN 0 095% AT	JD 0 1059 INCITION	775		
0.08% STANDARD - MUST READ	BETWEEN 0.076% AN	ND 0.105% INCLUSI	VE		
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	JD 0.004% INCLUSI	VE		
ш		D C.O.Z. INCHODI	V II		
TEST 1 0.100 g/210L	TEST 2 0.100	g/210L	TEST 3 0.100) g/210I	
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING DANGER CING		J.	
	DDID IN IME FORE	WING KANGES SINC	E THE LAST MAINT	ENANCE REPOR	Γ:
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 0	OVER .19	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE	RATION OR MODIFICATION	THAT WAS MADE TO RES			0
SATISFACTORILY AND WITHIN ESTABLISHED LI	MITS (USE OTHER SIDE	F NECESSARY).	TONE THE INDIRORDAL	TO OFERATE	
					بالالعصائات
INSPECTING OFFICER	And the second second		Contract of the Landson Contract of	E PORT AND THE PERSON NAMED IN COLUMN	
SIGNATURE		PRINT FULL NAME			
TYPE IT PERMIT NUMBER LANGE EXPIRATION DATE		Sikes, John			
		TELEPHONE NUMBER			
280177 05/07	//2020	(636)629-1313			
RETURN COMPLETED REPORT TO	THE				
		of Ho-141	G		
Breath Alcohol Program, Misso	ourr Department	or Hearth and	senior Service	s,	
Southeast District Office, 28	3/5 James 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

15-Jan-2021

Cyl. Type 108

Component

Ethanol Nitrogen **Certified Concentration**

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. **Concentration** EB0010603 393.0 ppm EB0010559 258.2 ppm EB0010595 208.3 ppm EB0010562 104.2 ppm EB0010579 52.81 ppm

CRM Serial No. 0056649 0056662

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:

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



STATE OF MISSOURI

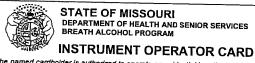
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



LAB-4 (R6-10)

PERMIT TYPE II JOHN R SIKES

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



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired al in Missouri.

Operator SIKES, JOHN Permit No 280177

Date Issued 5/7/2018 Date Expires 5/7/2020