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By Stephen Wilson at 3:50 pm, Sep 17, 2020



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

INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

				REPORT #:
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35				
days). Complete this report when				
into service. Retain the origina		hin 15 days to the		
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION	1
12809	Bridgeton Polic	e Dept.	09/16/2020	
LOCATION OF INSTRUMENT (STREET AND C	,		TIME OF INSPECTION	1
12355 Natural Bridge Rd. Bri	-		15:40 CDT	
CHECKLIST: Place a mark in the h	oox by each item if for	und to be satisfact	ory or is operati	ing within
established limits. (Write in o	oserved values where de	etermined). Unmark	ed 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		
X STD 2 TEMP		X PRINT TEST		
		V LUINI 1E21		
X ETH CHECK	***************************************			
BREATH ANALYZER ACCURACY STA	NDARDS			
SIMULATOR SOLUTION		X COMPRESSED ET	THANOL-GAS MIXTU	JRE
X STANDARD SUPPLIER Int	coximeter, Inc.	LOT# AG912204	EXP.	DATE 05/02/2021
SIMULATOR TEMP (34°C ±0.2°	C) SIM.	SN	SIM. NIST EXP	DATE
X CALIBRATION CHECK - (ONLY	ONE CTANDARD IS TO	DE HEED DED MATNE	PRANCE DEDODEN	
I and				
Run three tests using a st				
and must have a spread of used.	.005 or less. Mark	the box correspo	onding to the st	andard solution being
	12 D DDDWIDDI O OOE 2:	NT 0 1058 TNGT HG		
X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE				
0.08% STANDARD - MUST RE				
0.04% STANDARD - MUST RE	AD BETWEEN 0.038% AL	ND 0.042% INCLUSI	LVE	
TEST 1 0.101 g/210L	TEST 2 3 0.101	~/210T	macm 2 3 0 10	00 ~/2101
-			TEST 3 🐡 0.10	
INDICATE THE NUMBER OF BREAT	H TESTS IN THE FOLLO	OWING RANGES SINC	E THE LAST MAIN	TENANCE REPORT:
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 0	OVER .19 0
LIST ANY NEW PARTS AND DESCRIBE ANY SATISFACTORILY AND WITHIN ESTABLISHE			STORE THE INSTRUMENT	r to operate
BATTOTACTORIES TARBUTAN BOTABLISHE	D BIMITS (ODE OTHER SIDE	II NECESSARI).		
INSPECTING OFFICER				
SIGNATURE		PRINT FULL NAME		
- Det - 2/11/1	258	MILLER, TIMOT	HY	
	PIRATION DATE	TELEPHONE NUMBER		PARTICLE STATEMENT OF THE STATE STATEMENT OF THE STATEMEN
280309	0/25/2020	(314)739-7557	1	
RETURN COMPLETED REPORT	' TO THE:			
Breath Alcohol Program, M		of Health and	Senior Corrie	ec.
broadh Arcondr Frogram, M	TRECATT DEPAT CHIETIC	or mearing and	DOMINOT DETATE	Co,

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 Test Date: 6-May-2019

Lot # AG912204 Model 108cacd

Exp. Date

Cyl. Type

Component

Certified Concentration

2-May-2021

108

Ethanol Nitrogen $0.100 \pm 2\%$ 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	

Conc	entration
800.0	ppm
253.0	

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:

CRM Serial No.

CC434668

CC234503

NDIR

Digitally signed by Quality Control Date: 2019.05.17 12:35:24 -05:00 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



MO 580-0771 (6-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM**



PERMIT TYPE II

TIMOTHY S MILLER

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 section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.				
DATE10/25/2018	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 280309				
EXPIRES 10/25/2020	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			
ACI 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 MILLER, TIMOTHY Permit No 280309

Date Issued 10/25/2018 Date Expires 10/25/2020

