

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

#### INTOX EC/IR II MAINTENANCE REPORT

PEDADT #2

TRION BC/IR I.					REPORT #3
Complete this report at the time	~				
days). Complete this report whene					
into service. Retain the original		hin 15 days to the		=	
INTOX EC/IR II SN		NAME OF AGENCY		DATE OF INSPECTION	
12827	Smithville Poli	.ce Dept.	09/14/2020		
LOCATION OF INSTRUMENT (STREET AND CIT	Ψ)		TIME OF INSPECTION		
107 W Main Street Smithville			12:32 CDT		
CHECKLIST: Place a mark in the bo					
established limits. (Write in obs	erved values where d	etermined). Unmar	ked 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 CHE	CK		
X BT TEMP		X CRC CAL CHEC	'K		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK		A THERE SEES			
BREATH ANALYZER ACCURACY STAN	DARDS				
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER Into	ximeters	LOT# AG931703	EXP.	DATE 11/13/	/2021
SIMULATOR TEMP (34°C ±0.2°C	) SIM.	SN	SIM. NIST EXP	DATE	
_					
Run three tests using a star and must have a spread of . used.  X 0.10% STANDARD - MUST REAL 0.04% STANDARD - MUST REAL 0.04% STANDARD - MUST REAL	005 or less. Mark D BETWEEN 0.095% A D BETWEEN 0.076% A	the box corresp ND 0.105% INCLUS ND 0.084% INCLUS	onding to the st IVE IVE		
TEST 1 0.102 g/210L	TEST 2 . 0.101	g/210L	TEST 3 0.10	1 g/210L	
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLL	OWING RANGES SIN	CE THE LAST MAIN	TENANCE REPOR	RT:
REFUSALS 1 004 0	.0509 0	.1014 2	.1519 0	OVER .19	1
LIST ANY NEW FARTS AND DESCRIBE ANY AI SATISFACTORILY AND WITHIN ESTABLISHED			ESTORE THE INSTRUMENT	TO OPERATE	
INSPECTING OFFICER	·····				
SIGNATURE		PRINT FULL NAME			
		LORENZO, NORM	<b>1</b> A	•	
/1	RATION DATE	TELEPHONE NUMBER			
290133	21/2021	(816)532-050	0		
RETURN COMPLETED REPORT	TO THE:				
Breath Alcohol Program, Mis		t of Wealth and	l Canion Commic	ec	
by mail. fax. or e-mail	Dodri Debarchen	c or nearen and	CONTOL DELVIO	CD,	
wy mwal, lan, of Ciliall					



#### 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: 14-Nov-2019** 

Lot # AG931703 Model 108cacd

Exp. Date 13-Nov-2021 <u>Cyl. Type</u> 108

Component Ethanol **Certified Concentration** 

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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	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

CRM Serial No.	<u>Concentration</u>	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

**Analytical Method:** 

**NDIR** 

Digitally signed by Quality Control Date: 2019.11.18 13:46:50 -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



### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



### PERMIT TYPE II

## NORMA LORENZO

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.

DATE6/21/2019	wind
NUMBER 290133	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 6/21/2021	for Willen
NO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
	LAB-4 (R6-10)