

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

INTOX EC/IR II MAINTENANCE REPORT

DEDARM #1

		MANCE REPORT		REPORT	
Complete this report at the					
days). Complete this report					
into service. Retain the or			the Breath Alcohol Progr	am, DHSS.	
INTOX EC/IR II SN			DATE OF INSPECTION		
12832	12832 North Kansas Cit		12/16/2020		
LOCATION OF INSTRUMENT (STREET	AND CITY)		TIME OF INSPECTION		
2020 HOWELL North Kansas	City, MO		07:27 CST		
CHECKLIST: Place a mark in	the box by each i	tem if found to be satis	factory or is operating	within	
established limits. (Write					
before using instrument.					
X DIAGNOSTIC RECORD				,	
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP		X FLOW CHEC			
X SRC TEMP		X FCB CHECK			
		. — — — — — — — — — — — — — — — — — — —			
X DET TEMP		X CRC COMP			
X BT TEMP		X CRC CAL C	HECK		
X STD 2 TEMP	**************************************	X PRINT TES	I'		
X ETH CHECK	**************************************				
BREATH ANALYZER ACCURACY	CTANDADDC				
	DIMIDANDO	COURT			
SIMULATOR SOLUTION			X COMPRESSED ETHANOL-GAS MIXTURE		
X STANDARD SUPPLIER		LOT# AG0008	0802 EXP. DATE 01/08/2022		
SIMULATOR TEMP (34°C ±0.2°C) SIM		SIM. SN	SIM. NIST EXP DATE		
Run three tests using a and must have a spread used. 0.10% STANDARD - MUST 0.08% STANDARD - MUST	of .005 or less T READ BETWEEN 0 T READ BETWEEN 0	. Mark the box corre .095% AND 0.105% INCI .076% AND 0.084% INCI	sponding to the standa JUSIVE JUSIVE	f the standard value ard solution being	
TEST 1 0.080 g/210L TEST 2 0.08		* 0.080 g/210L	TEST 3 0.080 g,	TEST 3 0.080 g/210L	
INDICATE THE NUMBER OF BR	EATH TESTS IN T	HE FOLLOWING RANGES S	INCE THE LAST MAINTENA	NCE REPORT.	
REFUSALS 0 004	15 .0509	0 .1014 0	.1519 0 01	7ER .19 1	
LIST ANY NEW PARTS AND DESCRIBE	ANY ALTERATION OR MO	DIFICATION THAT WAS MADE TO	f	PERATE	
SATISFACTORILY AND WITHIN ESTABL	ISHED LIMITS (USE OT	HER SIDE IF NECESSARY).			
MAIN TEST 12162020					
		M35,000,000			
INSPECTING OFFICER					
Reference 18		PRINT FULL NAME			
18 July 18		FICKEN, GAR			
200267	EXPIRATION DATE 10/14/2022	(816)274-6			
	10/11/2022	(810)2/4-00	U±3		
RETURN COMPLETED REPO	RT TO THE:				
Breath Alcohol Program,	Missouri Depa	artment of Health a	nd 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 Test Date: 8-Jan-2020

Lot # AG000802 Model 108cacd

Exp. Date

Cyl. Type

Component

Certified Concentration

8-Jan-2022

108

Ethanol Nitrogen 0.080 ± 0.002 BrAC (218 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

 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. CC434668 CC234503

Concentration 800.0 ppm 253.0 ppm CRM Serial No. 0056649 0056662 Concentration 390.1 ppm 150.2 ppm

<u> Analytical Method:</u>

NDIR

Digitally signed by Quality Control Date: 2020,01.08 14:16:06 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

More Marsala

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

GARY FICKEN

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

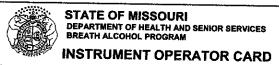
INTOX EC/IR II

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.

DATE ____10/14/2020 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 200267 EXPIRES 10/14/2022 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 al in Missouri.

Operator FICKEN, GARY

Permit No 200267

Date Issued 10/14/2020 Date Expires 10/14/2022

