

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

TNT	OX EC/IR II	MAINTENANCE	REPORT			REPORT #3
		f the regular month				
		er the instrument is	_		_	
	in the original	and send a copy with	hin 15 days to the			
INTOX EC/IR II SN		NAME OF AGENCY		DATE OF INSPECTION		
13339		Gladstone Polic	e Dept.	04/02/2020		
LOCATION OF INSTRUME	NT (STREET AND CITY	`)		TIME OF INSPECTION		
7010 N Holmes G	adstone			01:39 CDT		
CHECKLIST: Place a	mark in the box	by each item if for	und to be satisfa	ctory or is operati	ng within	
established limits	s. (Write in obse	rved values where de	etermined). Unma:	cked items must be	corrected	
before using inst						
X DIAGNOSTIC RE	CORD					
X BLANK CHECK			X CO2 CHECK			
X FC 1 TEMP			X FLOW CHECK			
X SRC TEMP			X FCB CHECK			
Account of the contract of the			Remark .			
X DET TEMP			X CRC COMP CH			
X BT TEMP			CRC CAL CHE	CK		
X STD 2 TEMP			X PRINT TEST			
X ETH CHECK						
BREATH ANALYZER	ACCIDACY CTAND	ADDC				
		ARDS	movement and a second			
SIMULATOR S			X COMPRESSED	ETHANOL-GAS MIXTU		
X STANDARD SUPP	IER INTOX	IMETERS	LOT# AG820504	EXP.	DATE 07/24/20	20
SIMULATOR TEM	(34°C +0.2°C)	SIMUL	ATOR S/N	SIMULATOR EXP	DATE	
CALTEDATION C	JECK - (ONLY ON	E STANDARD IS TO	DE HEED DED WAT	AMENIANCE DEDODMY		
used. (PRINTO X 0.10% STAND 0.08% STAND	OUT ATTACHED) ARD - MUST READ ARD - MUST READ	05 or less. Mark BETWEEN 0.095% A BETWEEN 0.076% A BETWEEN 0.038% A	ND 0.105% INCLU	SIVE	andard solution	being
TEST 1 0.098	g/210L	TEST 2 - 0.098	g/210L	TEST 3 9 0.098 g/210L		
INDICATE THE NU	ABER OF BREATH	TESTS IN THE FOLL	OWING RANGES SI	NCE THE LAST MAIN	TENANCE REPORT:	
REFUSALS 1	004 0	0509 1	.1014 6	.1519 2	OVER .19	0
LIST ANY NEW PARTS A	ND DESCRIBE ANY ALT	ERATION OR MODIFICATION	ON THAT WAS MADE TO	RESTORE THE INSTRUMENT	T TO OPERATE	
		IMITS (USE OTHER SIDE	IF NECESSARY).			
INSPECTING OFFI	LEK		THE BUILDING WAS STORED			
SIGNATURE			STOCK, ERIC			
TYPE II PERMIT NUMBE	D INARAE	ATION DATE	TELEPHONE NUMBER			
200077		04/2022	(816) 436-35	5.0		
			(010 / 150 .33			
RETURN COMPLI	ETED REPORT	TO THE:				
Breath Alcohol	Program, Mis	souri Department	t of Health an	d Senior Servic	es,	
		2875 James Blvd			- •	
			, september broker	, 00701		



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: 25-Jul-2018

Lot # AG820504 Model 108cacd

Exp. Date 24-Jul-2020 **Cyl. Type** 108

Component Ethanol

Nitrogen

<u>Certified Concentration</u> 0.100 ± 2% BrAC (272 ppm)

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No. EB0010581 EB0010570 EB0010285 EB0010561	Concentration 391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm 52.22 ppm	Serial No. EB0010603 EB0010559 EB0010595 EB0010562 EB0010579	Concentration 392.5 ppm 258.9 ppm 208.9 ppm 104.9 ppm 52.94 ppm
EB0010681	52.22 ppm	EB00105/9	52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2018.07.26 18:10:46 -05:00 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