

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

INTOX EC/IR II MAINTENANCE REPORT

DEDONE #1

THIOM HO/IN II					REPORT #3
Complete this report at the time of					
days). Complete this report whenev	er the instrument is	serviced or repa	ired and whenever	t is placed	
into service. Retain the original INTOX EC/IR II SN		in 15 days to the		gram, DHSS.	
13339	NAME OF AGENCY		DATE OF INSPECTION		
	Gladstone Police Dept.		12/01/2020		
LOCATION OF INSTRUMENT (STREET AND CITY	()		TIME OF INSPECTION		
7010 N Holmes Gladstone			21:20 CST		
CHECKLIST: Place a mark in the box	by each item if fou	md to be satisfact	tory or is operation	ng within	
established limits. (Write in obse before using instrument.	rved values where de	etermined) Unmarl	ked items must be o	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 CHECK					
X BT TEMP		X CRC CAL CHEC			
X STD 2 TEMP		X PRINT TEST	975		
X ETH CHECK		VITATAL TENT			
- December 1					
BREATH ANALYZER ACCURACY STAND	ARDS				
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER INTOX	LOT# AG007603	EXP. DATE 11/16/2021			
SIMULATOR TEMP (34°C +0.2°C)	SIM. S	SN	SIM. NIST EXP I	DATE	
_					
CALIBRATION CHECK - (ONLY ON Run three tests using a stan and must have a spread of .0 used. 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ 0.04% STANDARD - MUST READ TEST 1 0.098 g/210L INDICATE THE NUMBER OF BREATH REFUSALS 0 004 0	dard solution. Al 05 or less. Mark BETWEEN 0.095% AN BETWEEN 0.076% AN BETWEEN 0.038% AN	three tests method box correspond 0.105% INCLUS ID 0.084% INCLUS ID 0.042% INCLUS	ust be within ±5% onding to the state of the	andard solution be 8 g/210L FENANCE REPORT:	value ing
, , , , , , , , , , , , , , , , , , ,			0	OVER .19 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALT SATISFACTORILY AND WITHIN ESTABLISHED I			SSTORE THE INSTRUMENT	TO OPERATE	XII C
► /- PH		STOCK, ERIC			
TYPE IT PERMIT NUMBER EXPIR	ATION DATE	TELEPHONE NUMBER			
200077 02/0	04/2022	(816)423-404	8		
DETIIDN COMDITETED DEDOOM O	O MILE				
RETURN COMPLETED REPORT TO THE:					
Breath Alcohol Program, Missouri Department of Health and 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: 18-Mar-2020

Lot # AG007603 Model 34cacd

Exp. Date 16-Nov-2021 Cyl. Type

Component

Certified Concentration

Ethanol Nitrogen 0.100 ± 2% BrAC (272 ppm)

Balance

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

RGM Serial No.	<u>Concentration</u>	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.	Concentration	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: 2020.03.19 16:00:03 -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