

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

INTOX EC/IR II					REPORT #3
Complete this report at the time of					
days). Complete this report whenever					
into service. Retain the original an		hin 15 days to the			
INTOX EC/IR II SN 12673	NAME OF AGENCY		DATE OF INSPECTION		
LOCATION OF INSTRUMENT (STREET AND CITY)	KIRKWOOD		09/20/2021		
131 W. Madison Kirkwood			TIME OF INSPECTION		
CHECKLIST: Place a mark in the box b	ur oash itom if fo	and to be appliated	10:50 CDT		97.001.001.001.001.001.001.001.001.001.00
established limits. (Write in observ					
before using instrument.	ca varaes where a	cociminati	red recins mase be	COTTECCEA	
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK		Marine 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
X FC 1 TEMP		X FLOW CHECK			
X SRC TEMP	POWER STOREST CONTROL OF THE POWER STORES AND THE P	X FCB CHECK		**************************************	
X DET TEMP	**************************************	Same County	~ T 7		
Secretary Control of the Control of	MICHAEL DE STATE DE	X CRC COMP CHE			
X BT TEMP		X CRC CAL CHEC	K		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDAR	DS			TO THE PARTY OF TH	
SIMULATOR SOLUTION	ANNEXE CONTRACTOR CONT	X COMPRESSED E	THANOL-GAS MIXTU	RE	#20751111114111111111111111111111111111111
X STANDARD SUPPLIER INTOXIM	METERS	LOT# AG109003	EXP.	DATE 03/31/2	023
SIMULATOR TEMP (34°C +0.2°C)	SIM.	SN	SIM. NIST EXP	DATE	
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO	DE HIGEN DED MATNY	TENINCE DEDORT		MANAGE TO THE PARTY OF THE PART
Emanage E					
Run three tests using a standa and must have a spread of .005	rd solution. A	II three tests mu	ist be within $\pm 5$	% of the stand	ard value
used.	OI ICSS. Main	che box correspo	onaing to the st	andard Solutio	n being
X 0.10% STANDARD - MUST READ P	RETWEEN 0.095% A	ND 0 105% INCLUS	TVE		
X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE					
0.04% STANDARD - MUST READ B					
Land .					
TEST 1 0.099 g/210L	TEST 2 🐸 0.099	g/210L	TEST 3 🗢 0.09	9 g/210L	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					•
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTER	ATION OR MODIFICATIO	ON THAT WAS MADE TO RE	STORE THE INSTRUMENT	TO OPERATE	
SATISFACTORILY AND WITHIN ESTABLISHED LIM	ITS (USE OTHER SIDE	IF NECESSARY).			
					**************************************
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME			
► 8.0. 8nga. H	367	HANCE, MICHAE	L		
	ION DATE	TELEPHONE NUMBER	_		
290258 10/31	/ 2021	(314)822-5858	3		
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: 31-Mar-2021

Lot # AG109003 Model 108cacd

Exp. Date 31-Mar-2023

Cyl. Type

108

Component

Ethanol Nitrogen Certified Concentration

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	103.6 ppm	EB0010562	104.2 ppm
	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration

CC727496

CC727481

800.0 ppm 253.0 ppm CRM Serial No CC727493 CC727498

390.0 ppm 150.0 ppm

Analytical Method:

**NDIR** 

Digitally signed by Quality Control Date: 2021.03.31 18:04:07 -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 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



#### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



# **PERMIT** TYPE II

## MICHAEL A HANCE

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

	agri docinio ricinio.
DATE10/31/2019	No hotel
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 290258	
EXPIRES 10/31/2021	for the the
WO 580,0771 (6.10)	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 air in Missouri.

Operator HANCE, MICHAEL

Permit No 290258

Date Issued 10/31/2019 Date Expires 10/31/2021

