

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

INTOX EC/IR II	MAINTENANCE	REPORT			REPORT #
Complete this report at the time o	f the regular month	ly preventive main	tenance check (not	to exceed 35	
days). Complete this report whenev					
into service. Retain the original		nin 15 days to the			
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION		
12679	Chesterfield PD		10/05/2021		
LOCATION OF INSTRUMENT (STREET AND CITY			TIME OF INSPECTION		
690 Chesterfield Pkwy W Chester		22:15 CDT			
CHECKLIST: Place a mark in the box					
established limits. (Write in obse	rved values where de	etermined). Unmar.	ked items must be	corrected	
before using instrument.  X DIAGNOSTIC RECORD					
		DE CO. CUITOR			
	X BLANK CHECK				
X FC 1 TEMP X FLOW CHECK					
X SRC TEMP X FCB CHECK					
X DET TEMP		X CRC COMP CHE	CK	X	
X BT TEMP X CRC C		X CRC CAL CHEC	CAL CHECK		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	ARDS				
SIMULATOR SOLUTION		COMPRESSED E	THANOL-GAS MIXTU	RE	
	TMDMDDC	LOT# AG035102		DATE 12/16/20	122
Land					
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	iΝ	SIM. NIST EXP	DATE	
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO B	E USED PER MAIN	PENANCE REPORT)		
Run three tests using a stand	dard solution. Al	l three tests mu	ust be within +5	% of the standa	ard value
and must have a spread of .00	5 or less. Mark	the box correspo	onding to the $\operatorname{\overline{st}}$	andard solution	ı being
used.					
0.10% STANDARD - MUST READ					
X 0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	D 0.042% INCLUS	IVE		
		/		. /0.1.07	
TEST 1 0.080 g/210L	TEST 2 0.080	g/210L	TEST 3 → 0.08	о g/210L	
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SINC	CE THE LAST MAIN	TENANCE REPORT:	
		,			
REFUSALS 0 004 3	.0509 0	.1014 0	.1519 0	OVER .19	1
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE SATISFACTORILY AND WITHIN ESTABLISHED LI			STORE THE INSTRUMENT	TO OPERATE	
SATISFACTORIST AND WITHIN ESTABLISHED BI	MID (ODE CINEK DIDE I	i Necessari,			
INSTRUMENT IS OPERATING WITHIN MO DEPT OF HEALTH SPECIFICATIONS					
INSPECTING OFFICER					
SIGNATURE // 2006		PRINT FULL NAME			
► P.O.UKM & 269		RUPP, GREGORY			
	TION DATE 1/2023	TELEPHONE NUMBER (636)537-3000			
210082	1/2023	( 030 ) 337=3000			
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 Test Date:** 16-Dec-2020

Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis. Mo 63146

Lot # AG035102 Model 108cacd

Cyl. Type Component **Certified Concentration** Exp. Date 16-Dec-2022 108 Ethanol  $0.080 \pm 0.002$  BrAC (218 ppm)

> Nitrogen Balance

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

RGM Serial No.	<u>Concentration</u>	<u>RGM Serial No.</u>	<b>Concentration</b>
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
	<del></del>		• •

**CRM Serial No.** Concentration **CRM Serial No.** Concentration CC727481 CC727493 390.0 ppm 800.0 ppm CC727496 253.0 ppm CC727498 150.0 ppm

**Analytical Method: NDIR** 

Digitally signed by Quality Control Date: 2020.12.16 17:41:58 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

North Marsola 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 || GREGORY RUPP

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.

DATE	4/21/2021	we with		
	*	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
	<u>210082</u> <u>4/21/2023</u>	The Knight		
		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 ali in Missouri.

Operator RUPP, GREGORY

