

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

	R II MAINTENANC			REPORT #3	
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35					
days). Complete this report w					
into service. Retain the orig	NAME OF AGENCY	Tithin 15 days to th	DATE OF INSPECTION	gram, DASS.	
12688	Lee's Summit	Police Dept	04/28/2021		
LOCATION OF INSTRUMENT (STREET AN		Torree bepe	TIME OF INSPECTION		
10 NE Tudor Rd Lee's Summi	000 22 2 2 100 <del>00</del> 1 1000 2 1000 2 1000 2 1000 2		12:12 CDT		
CHECKLIST: Place a mark in th		found to be satisfa		g within	
established limits. (Write in	1.70 DI X 10.71				
before using instrument.					
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 CH	ECK		
X BT TEMP		X CRC CAL CHE			
X STD 2 TEMP		X PRINT TEST			
		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDARDS					
SIMULATOR SOLUTION			ETHANOL-GAS MIXTUR	₹E	
X STANDARD SUPPLIER	W 1000000 10000 10000	LOT# AG009803	EXP.	DATE 04/07/2022	
SIMULATOR TEMP (34°C ±0	.2°C) SIM	I. SN	SIM. NIST EXP D	ATE	
_					
CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)  Run three tests using a standard solution. All three tests must be within +5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used.  0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE  X 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE  0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE					
TEST 1 0.078 g/210L TEST 2		0.079 g/210L TEST 3 0.079		9 g/210L	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS 0 004	5 .0509 0	.1014 0	.1519 0	OVER .19 0	
LIST ANY NEW PARTS AND DESCRIBE A SATISFACTORILY AND WITHIN ESTABLI			RESTORE THE INSTRUMENT	TO OPERATE	
INSPECTING OFFICER					
SIGNATURE	PRINT FULL NAME				
> 7/2		Mike Perkins	<u> </u>		
200131	03/09/2022	( 816 ) 969-16	70		
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: 13-Apr-2020

Lot # AG009803 Model 108cacd

Exp. Date 7-Apr-2022 Cyl. Type 108 Component

<u>Certified Concentration</u> 0.080 ± 0.002 BrAC (218 ppm)

Ethanol

Balance

Nitrogen

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

 CRM Serial No.
 Concentration

 CC434668
 800.0 ppm

 CC234503
 253.0 ppm

RGM Serial No. EB0010603 EB0010559 EB0010595 EB0010562 EB0010579

CRM Serial No. 0056649 0056662 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm

Concentration

Concentration 390.1 ppm 150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2020.04.13 18:31:18-05:00 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 PERKINS

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

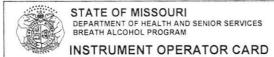
## INTOX EC/IR II

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 3/9/2020	wond			
DATE SISTEMA	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 200131				
EXPIRES 3/9/2022	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 ai in Missouri.

Operator PERKINS, MICHAEL

Permit No 200131 Date Issued 3/9/2020

Date Expires 3/9/2022

