

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

03.4.6.0		MAINTENANCE				REPORT #3
		the regular month				
		er the instrument is				
	in the original a	ind send a copy with	hin 15 days to the		ogram, DHSS.	
INTOX EC/IR II SN		NAME OF AGENCY	lian Dont	DATE OF INSPECTION 07/29/2021		
12688	m (cmpppm and crmv)	Lee's Summit Po	iice Dept	TIME OF INSPECTION		
10 NE Tudor Rd L	1979			08:10 CDT		
PATOE PAREN EXISTENSION NAMES OUR		by each item if for	and to be satisfact		ng within	
Management of the Control of the Con		ved values where de				
before using instr		ved varies miere d	occimination, i cimari	iod roomb made 20	001100000	
X DIAGNOSTIC REC	ORD					
X BLANK CHECK			X CO2 CHECK			
X FC 1 TEMP			X FLOW CHECK			
X DET TEMP X CRC COMP CHECK						
X BT TEMP X CRC CAL CHECK						
X STD 2 TEMP			X PRINT TEST			
X ETH CHECK						
BREATH ANALYZER	ACCURACY STANDA	RDS				
SIMULATOR SO	LUTION		X COMPRESSED ET	THANOL-GAS MIXTU	RE	
X STANDARD SUPPL	IER		LOT# AG009803	EXP.	DATE 04/07/	2022
SIMULATOR TEMP	(34°C +0.2°C)	SIM.	SN	SIM. NIST EXP	DATE	
_						
X CALIBRATION CH	ECK - (ONLY ONE	STANDARD IS TO	BE USED PER MAINT	TENANCE REPORT)		
					0 - 5 + 1	
		lard solution. A)5 or less. Mark				
used.	a spread or .vo	of less. Mark	the box correspo	maring to the st	andard Soruci	on being
	PD - MIIST PEAD	BETWEEN 0.095% A	ND 0 105% TNCLUSI	IVE		
The state of the s		BETWEEN 0.076% A				
		BETWEEN 0.038% A				
		221112211 010001 11				
TEST 1 0.078	g/210L	TEST 2 0.078	g/210L	TEST 3 0.07	8 g/210L	
INDICATE THE NUM	BER OF BREATH T	ESTS IN THE FOLL	OWING RANGES SING	TE THE LAST MAIN	TENANCE REPOR	T:
INDICATE THE NOW	DER OF BREATH I	LEGIO IN INC IOLL	ONING REMODE DINC		TEMENCE REPOR	
REFUSALS 0	004 25	.0509 3	.1014 0	.1519 0	OVER .19	0
		ERATION OR MODIFICATION	ON THAT WAS MADE TO RE	MANUEL MILLS TRANSPORTED	T TO OPERATE	
SATISFACTORILY AND W	THIN ESTABLISHED L	MITS (USE OTHER SIDE	IF NECESSARY).			
INSPECTING OFFIC	ידי					
SIGNATURE	EK		PRINT FULL NAME			
- m likis			MIKE PERKINS			
TYPE II PERMIT NUMBER	EXPIRA	ATION DATE	TELEPHONE NUMBER			
200131	03/0	9/2022	(816) 969-1670	0		
RETURN COMPLE	י דער פעטר עער יי	O THE.	1			
		souri Department	t of Health and	Senior Service	60	
DIEGILI ALCONO	FIUUICIII, MISS	TOTAL DEDGILLINGILL	r or nearth qua	DELLAICE DELAIC	CO.	



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

Certified Concentration

Ethanol

Nitrogen

 0.080 ± 0.002 BrAC (218 ppm)

Balance

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

Concentration RGM Serial No. EB0010581 392.1 ppm EB0010570 259.8 ppm 208.0 ppm EB0010285 EB0010561 103.6 ppm EB0010681 52.12 ppm

EB0010603 EB0010559 EB0010595 EB0010562 EB0010579 Concentration

CRM Serial No. 0056649 0056662

RGM Serial No.

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:

CRM Serial No.

CC434668

CC234503

NDIR

mqq 0.008

253.0 ppm

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:

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):

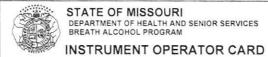
INTOX EC/IR II

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	hunte
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200131	
EXPIRES 3/9/2022	DIRECTOR OF DEPARTMENT OF HEALTH AND 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

