

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 a		m seed on the seed of the seed			
INTOX EC/IR II SN	NAME OF AGENCY	In 15 days to the	DATE OF INSPECTION	gram, DASS.	
12689	Lee's Summit Pol	ice Dept	06/29/2021		
LOCATION OF INSTRUMENT (STREET AND CITY		-	TIME OF INSPECTION		
10 NE Tudor Rd. Lee's Summit			08:06 CDT		
CHECKLIST: Place a mark in the box	by each item if fou	nd to be satisfact	ory or is operatin	ıg within	
established limits. (Write in obse	rved values where de	termined). Unmark	ed items must be o	corrected	
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 CHEC			
X BT TEMP		X CRC CAL CHECK	(
X STD 2 TEMP		X PRINT TEST)		
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	ARDS				
SIMULATOR SOLUTION		X COMPRESSED ET	HANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER		LOT# AG009803	EXP.	DATE 04/07/2022	2
SIMULATOR TEMP (34°C +0.2°C)	SIM. S	SN	SIM. NIST EXP I	DATE	
_					
CALIBRATION CHECK - (ONLY ON	E STANDARD IS TO B	E USED PER MAINT	ENANCE REPORT)		
Run three tests using a stand				of the standard	d value
and must have a spread of .0					
used.					
0.10% STANDARD - MUST READ					
X 0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	ID 0.042% INCLUSI	VE		
TEST 1 0.077 g/210L	TEST 2 0.077	g/210L	TEST 3 0.07	7 g/210L	
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLLO	WING RANGES SINC	E THE LAST MAIN	ENANCE REPORT:	
REFUSALS 1 004 6	.0509 2	.1014 1	.1519 4	OVER .19 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALT SATISFACTORILY AND WITHIN ESTABLISHED L			STORE THE INSTRUMENT	TO OPERATE	
SATISFACIONIEI AND WITHIN ESTABLISHED E	IMIIS (OSE OTREK SIDE I	IF NECESSARI).			
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME MIKE PERKINS			
TYPE II PERMIT NUMBER EXPIRA	ATION DATE	TELEPHONE NUMBER			
200131 03/0	9/2022	(816)969-1670			
RETURN COMPLETED REPORT TO THE:					
eath 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

Ethanol Nitrogen **Certified Concentration**

0.080 ± 0.002 BrAC (218 ppm)

Balance

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

Conc	entration
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):

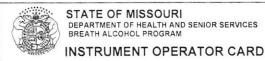
INTOX EC/IR II

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	white
DATE DIVINE	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

