

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

INTOX EC/IR II MAINTENANCE REPORT

DEDODT #

INION FC/IK I	I MAINIENANCE	KEPUKI		REPORT #3
Complete this report at the time	of the regular monthl	y preventive maint	tenance check (not	to exceed 35
days). Complete this report whene				
into service. Retain the original	and send a copy with	nin 15 days to the	Breath Alcohol Pr	ogram, DHSS.
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION	
12689	Lee's Summit Pol	lice Dept	09/30/2021	
LOCATION OF INSTRUMENT (STREET AND CI	(Y)		TIME OF INSPECTION	
10 NE Tudor Rd. Lee's Summit			07:52 CDT	
CHECKLIST: Place a mark in the bo	x by each item if fou	and to be satisfact	tory or is operati	ng within
established limits. (Write in obs	erved values where de	etermined). Unmar	ked items must be	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 CHE	CK	
X BT TEMP		X CRC CAL CHEC	K	
X STD 2 TEMP		X PRINT TEST		
X ETH CHECK				
BREATH ANALYZER ACCURACY STAN	DARDS			
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE
X STANDARD SUPPLIER INTO	XIMETER	LOT# AG009803	EXP.	DATE 04/07/2022
SIMULATOR TEMP (34°C ±0.2°C) SIM. S	SN	SIM. NIST EXP	DATE
X CALIBRATION CHECK - (ONLY O	NE STANDARD IS TO E	BE USED PER MAIN	TENANCE REPORT)	
Run three tests using a sta and must have a spread of . used.	ndard solution. Al	l three tests mu	ust be within ±5	
☐ 0.10% STANDARD - MUST REA	D BETWEEN 0.095% AN	ND 0.105% INCLUS	IVE	
X 0.08% STANDARD - MUST REA	D BETWEEN 0.076% AN	ND 0.084% INCLUS	IVE	
0.04% STANDARD - MUST REA				
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 SING	CE THE LAST MAIN	TENANCE REPORT:
REFUSALS 0 004 31	.0509 0	.1014 1	.1519 1	OVER .19 2
LIST ANY NEW PARTS AND DESCRIBE ANY A			STORE THE INSTRUMENT	TO OPERATE
SATISFACTORILY AND WITHIN ESTABLISHED	LIMITS (USE OTHER SIDE)	IF NECESSARY).		
INSPECTING OFFICER				
SIGNATURE		PRINT FULL NAME		
► ~6.5		MIKE PERKINS		
	RATION DATE	TELEPHONE NUMBER	•	
200131 03/	09/2022	(816)969-1670	<u> </u>	
RETURN COMPLETED REPORT				
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

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:

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.	Concentration
EB0010603	393.0 ppm
EB0010559	258.2 ppm
EB0010595	208.3 ppm
EB0010562	104.2 ppm
EB0010579	52.81 ppm

CRM Serial No.	Concentration	
0056649	390.1 ppm	
0056662	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):

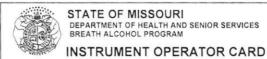
INTOX EC/IR II

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 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 a in Missouri.

Operator PERKINS, MICHAEL Permit No 200131

Date Issued 3/9/2020

Date Expires 3/9/2022

