

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 o				
days). Complete this report whenev				
into service. Retain the original		in 15 days to the	DATE OF INSPECTION	ogram, DHSS.
INTOX EC/IR II SN	NAME OF AGENCY BELLEFONTAINE NE	ETCUDODC	12/04/2021	
12694		EIGNBORS	TIME OF INSPECTION	
LOCATION OF INSTRUMENT (STREET AND CITY 9641 Bellefontaine Road Bellefo			08:04 CST	
CHECKLIST: Place a mark in the box	_	ind to be gatisfac		og within
established limits. (Write in obse				
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		
X STD 2 TEMP	·	X PRINT TEST		Address Anna Control C
X ETH CHECK				
BREATH ANALYZER ACCURACY STAND	ARDS			
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE
	IMETERS	LOT# AG028101		DATE 10/07/2022
SIMULATOR TEMP (34°C +0.2°C)		SN	SIM. NIST EXP	DATE
				
X 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. X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE				
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 - 0.098 g/210L	TEST 2 7 0.098	g/210L	TEST 3 💝 0.098 g/210L	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
REFUSALS 5 004 0	.0509 0	.1014 0	.1519 0	OVER .19 1
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).				
DEC 2021				
INSPECTING OFFICER				
SIGNATURE //		PRINT FULL NAME		
► It (1/21)B		SPIELER, BRYZ	NA	
·	ATION DATE	TELEPHONE NUMBER		
200303 (12/1	1/2022	(314)867-008	0	
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:** 7-Oct-2020

Lot # AG028101 Model 108cacd

Exp. Date

Cyl. Type

Component

Certified Concentration

7-Oct-2022

Ethanol Nitrogen 0.100 ± 2% BrAC (272 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

Concentration 800.0 ppm 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

Concentration **CRM Serial No.** 0056649 390.1 ppm 0056662 150.2 ppm

Analytical Method:

CRM Serial No.

CC434668

CC234503

NDIR

Digitally signed by Quality Control Date: 2020.10.09 13:18:27 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Norl Marsala

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

BRYAN L SPIELER

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	ATE12/11/2020	white		
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER	200303			
EXPIRES 12/11/2022	for Ulle			
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

MO 580-0771 (6-10)



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 SPIELER, BRYAN Permit No 200303

Date Issued 12/11/2020 Date Expires 12/11/2022

