

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM BREATH ALCOHOL PROGRAM

	II MAINTENANCE		<u> </u>	REPORT #3	
Complete this report at the time					
days). Complete this report when					
into service. Retain the origin		nin 15 days to the			
INTOX EC/IR II SN	NAME OF AGENCY	Donant	DATE OF INSPECTION 02/01/2021		
12697	Foristell Police		TIME OF INSPECTION		
LOCATION OF INSTRUMENT (STREET AND C			18:55 CST		
30 First Street Foristell, M CHECKLIST: Place a mark in the		and to be estimfact		ng within	
established limits. (Write in o					
before using instrument.	JUSTING VALACE WILLS WE				
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 CHECK					
X BT TEMP X CRC CAL CHECK					
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STA	NDARDS				
SIMULATOR SOLUTION X COMPRES			SSED ETHANOL-GAS MIXTURE		
X STANDARD SUPPLIER intoximeters L		LOT# AG102101	EXP. DATE 01/21/2023		
SIMULATOR TEMP (34°C +0.2°	C) SIM. S	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.		1			
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					
			T		
TEST 1 0.080 g/210L TEST 2 0.080 g/210L		g/210L	TEST 3 0.081 g/210L		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
		T		Lovern 10	
REFUSALS 0 004 0	NO TIME OF THE PARTY OF THE PAR	.1014 0	.1519 0	OVER .19 0	
LIST ANY NEW PARTS AND DESCRIBE ANY SATISFACTORILY AND WITHIN ESTABLISH			ESTORE THE INSTRUMENT	TO OPERATE	
INSPECTING OFFICER		PRINT FULL NAME			
SIGNATURE		K Bartholmey			
TYPE IIZPERMIT NUMBER EX	PIRATION DATE	TELEPHONE NUMBER			
	0/01/2021	(636)463-212	3		
DETIIDN COMPLETED DEPORT	י ייר ייטור.				
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: 21-Jan-2021

Lot # AG102101 Model 108cacd

Exp. Date

Cyl. Type

Component

Certified Concentration

21-Jan-2023

108

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 EB0010285 EB0010561 EB0010681

259.8 ppm 208.0 ppm

103.6 ppm 52.12 ppm

Concentration 800.0 ppm 253.0 ppm

RGM Serial No. EB0010603

EB0010559 EB0010595

EB0010562 EB0010579

CRM Serial No.

CC727493 CC727498

Concentration

393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm

Concentration 390.0 ppm 150.0 ppm

Analytical Method:

CRM Serial No.

CC727481

CC727496

NDIR

Digitally signed by Quality Control Date: 2021.01.27 18:03:19 -06:00 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