

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

INTOX EC/IR II MAINTENANCE REPORT

REPORT #

THIOR EC/IR II				REPORT #3
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35				
days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed				
into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.				
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION	
12825	MARYLAND HEIGHTS POLICE		07/01/2021	
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION	
11911 DORSETT RD. MARYLAND HEI		10:17 CDT		
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within				
established limits. (Write in obse	rved values where de	etermined). Unmark	red 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 CHECK				
X STD 2 TEMP X PRINT TEST				
X ETH CHECK				
BREATH ANALYZER ACCURACY STAND	ARDS			
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE				
				DATE 10/13/2022
SIMULATOR TEMP (34°C +0.2°C)		CM	ISIM. NIST EXP I	
DIRIGIATION THE (51 6 10.2 6)	DIM.	31 v	DIM. NIDI EXF	AIE
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.				
M 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 0.098 g/210I		g/210L	TEST 3 0.098 g/210L	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
REFUSALS 0 004 0	.0509 0	.1014 2	.1519 2	OVER .19 1
LIST ANY NEW PARTS AND DESCRIBE ANY ALT			STORE THE INSTRUMENT	TO OPERATE
SATISFACTORILY AND WITHIN ESTABLISHED L	IMITS (USE OTHER SIDE)	IF NECESSARY).		
INSPECTING OFFICER				
SIGNATURE SIGNATURE		PRINT FULL NAME		
SIGNAPHE THE		PRIMI FULL MAME		
- MILITAL II J.	<i>y</i>	STOLARSKT		
TYPE II PERMIT NUMBER EXPIRE	TION DATE	STOLARSKI TELEPHONE NUMBER		
	ATION DATE	TELEPHONE NUMBER		
210034 02/2	3/2023			
	3/2023	TELEPHONE NUMBER		
210034 02/2	3/2023 O THE:	TELEPHONE NUMBER		:S,

Airgas Tank # 510,

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: 14-Oct-2020

Lot # AG028703 Model 108cacd

Exp. Date 13-Oct-2022

Cyl. Type

Component Ethanol

Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Nitrogen · 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 800.0 ppm 253.0 ppm

RGM Serial No. EB0010603 EB0010559 EB0010595 EB0010562 EB0010579

CC727493

CC727498

258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm CRM Serial No.

Concentration 390.0 ppm 150.0 ppm

Concentration

393.0 ppm

Analytical Method:

CC727481

CC727496

NDIR

Digitally signed by Quality Control Date: 2020, 10,14 16:22:45 -08:00 Reason: Dry gas standard cartification of analysis Location: Airges 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

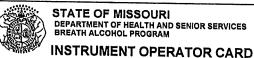
DANIEL M. STOLARSKI

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

MO 580-0771 (6-10

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 air in Missouri.

Operator

STOLARSKI, DANIEL

Permit No 210034 Date Issued 2/23/2021

Date Expires 2/23/2023

