

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

INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

Complete this report at the time of				
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				
	ver the instrument is serviced or repa and send a copy within 15 days to the			
INTOX EC/IR II SN	NAME OF AGENCY	DATE OF INSPECTION		
12825	MARYLAND HEIGHTS POLICE	11/04/2021		
LOCATION OF INSTRUMENT (STREET AND CITY		TIME OF INSPECTION		
11911 DORSETT RD. MARYLAND HEI		02:31 CDT		
	by each item if found to be satisfac			
established limits. (Write in observed values where determined). Unmarked 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	POV.		
X BT TEMP	X CRC CAL CHEC			
X STD 2 TEMP		CK		
	X PRINT TEST			
X ETH CHECK				
BREATH ANALYZER ACCURACY STAND				
SIMULATOR SOLUTION	X COMPRESSED F	ETHANOL-GAS MIXTURE		
X STANDARD SUPPLIER INTOX	XIMETERS, INC. LOT# AG028703	EXP. DATE 10/13/2022		
SIMULATOR TEMP (34°C ±0.2°C)	SIM. SN	SIM. NIST EXP DATE		
CALIBRATION CHECK - (ONLY ON	E STANDARD IS TO BE USED PER MAIN	TENANCE REPORT)		
Run three tests using a standard solution. All three tests must be within $\pm 5\%$ of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being				
and must have a spread of .0	dard solution. All three tests m	nust be within ±5% of the standard value		
and must have a spread of .0 used.	dard solution. All three tests most or less. Mark the box correspondent	sust be within $\pm 5\%$ of the standard value conding to the standard solution being		
and must have a spread of .0 used.	05 or less. Mark the box corresp	onding to the standard solution being		
and must have a spread of .0 used. X 0.10% STANDARD - MUST READ	05 or less. Mark the box corresp BETWEEN 0.095% AND 0.105% INCLUS	onding to the standard solution being		
and must have a spread of .0 used. X 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ	05 or less. Mark the box corresp	conding to the standard solution being		
and must have a spread of .0 used. X 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ	05 or less. Mark the box corresp BETWEEN 0.095% AND 0.105% INCLUS BETWEEN 0.076% AND 0.084% INCLUS	conding to the standard solution being		
and must have a spread of .0 used. X 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ	05 or less. Mark the box corresp BETWEEN 0.095% AND 0.105% INCLUS BETWEEN 0.076% AND 0.084% INCLUS	conding to the standard solution being		
and must have a spread of .0 used. X 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ 0.04% STANDARD - MUST READ TEST 1 0.098 g/210L	05 or less. Mark the box corresponds or less. Mark the box corresponds of the box correspon	TEST 3 0.098 g/210L		
and must have a spread of .0 used. X 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ 0.04% STANDARD - MUST READ TEST 1 0.098 g/210L	05 or less. Mark the box corresponds of BETWEEN 0.095% AND 0.105% INCLUS BETWEEN 0.076% AND 0.084% INCLUS BETWEEN 0.038% AND 0.042% INCLUS	TEST 3 0.098 g/210L		
and must have a spread of .0 used. X 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ 0.04% STANDARD - MUST READ TEST 1 0.098 g/210L	05 or less. Mark the box corresponds or less. Mark the box corresponds of the box correspon	TEST 3 0.098 g/210L		
and must have a spread of .0 used. X 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ 0.04% STANDARD - MUST READ TEST 1 0.098 g/210L INDICATE THE NUMBER OF BREATH REFUSALS 1 004 0 LIST ANY NEW PARTS AND DESCRIBE ANY ALT	05 or less. Mark the box corresponds or less. Mark the box corresponds of the second o	TEST 3 0.098 g/210L CE THE LAST MAINTENANCE REPORT: 1519 1 OVER .19 1		
and must have a spread of .0 used. X 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ 0.04% STANDARD - MUST READ TEST 1 0.098 g/210L INDICATE THE NUMBER OF BREATH REFUSALS 1 004 0	05 or less. Mark the box corresponds or less. Mark the box corresponds of the second o	TEST 3 0.098 g/210L CE THE LAST MAINTENANCE REPORT: 1519 1 OVER .19 1		
and must have a spread of .0 used. X 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ 0.04% STANDARD - MUST READ TEST 1 0.098 g/210L INDICATE THE NUMBER OF BREATH REFUSALS 1 004 0 LIST ANY NEW PARTS AND DESCRIBE ANY ALT	05 or less. Mark the box corresponds or less. Mark the box corresponds of the second o	TEST 3 0.098 g/210L CE THE LAST MAINTENANCE REPORT: 1519 1 OVER .19 1		
and must have a spread of .0 used. X 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ 0.04% STANDARD - MUST READ TEST 1 0.098 g/210L INDICATE THE NUMBER OF BREATH REFUSALS 1 004 0 LIST ANY NEW PARTS AND DESCRIBE ANY ALT	05 or less. Mark the box corresponds or less. Mark the box corresponds of the second o	TEST 3 0.098 g/210L CE THE LAST MAINTENANCE REPORT: 1519 1 OVER .19 1		
and must have a spread of .0 used. X 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ 0.04% STANDARD - MUST READ TEST 1 0.098 g/210L INDICATE THE NUMBER OF BREATH REFUSALS 1 004 0 LIST ANY NEW PARTS AND DESCRIBE ANY ALT	05 or less. Mark the box corresponds or less. Mark the box corresponds of the second o	TEST 3 0.098 g/210L CE THE LAST MAINTENANCE REPORT: 1519 1 OVER .19 1		
and must have a spread of .0 used. X 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ 0.04% STANDARD - MUST READ TEST 1 0.098 g/210L INDICATE THE NUMBER OF BREATH REFUSALS 1 004 0 LIST ANY NEW PARTS AND DESCRIBE ANY ALT	05 or less. Mark the box corresponds or less. Mark the box corresponds of the second o	TEST 3 0.098 g/210L CE THE LAST MAINTENANCE REPORT: 1519 1 OVER .19 1		
and must have a spread of .0 used. X 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ 0.04% STANDARD - MUST READ TEST 1 0.098 g/210L INDICATE THE NUMBER OF BREATH REFUSALS 1 004 0 LIST ANY NEW PARTS AND DESCRIBE ANY ALT	05 or less. Mark the box corresponds or less. Mark the box corresponds of the second o	TEST 3 0.098 g/210L CE THE LAST MAINTENANCE REPORT: 1519 1 OVER .19 1		
and must have a spread of .0 used. X 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ 0.04% STANDARD - MUST READ TEST 1 0.098 g/210L INDICATE THE NUMBER OF BREATH REFUSALS 1 004 0 LIST ANY NEW PARTS AND DESCRIBE ANY ALT SATISFACTORILY AND WITHIN ESTABLISHED I	05 or less. Mark the box corresponds or less. Mark the box corresponds of the second o	TEST 3 0.098 g/210L CE THE LAST MAINTENANCE REPORT: 1519 1 OVER .19 1		
and must have a spread of .0 used. X 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ 0.04% STANDARD - MUST READ 1.004% STANDARD - MUST	DETWEEN 0.095% AND 0.105% INCLUSED BETWEEN 0.076% AND 0.084% INCLUSED BETWEEN 0.038% AND 0.042% INCLUSED TEST 2 0.098 g/210L TEST 2 0.098 g/210L TESTS IN THE FOLLOWING RANGES SING 10509 0 .1014 2 TERRATION OR MODIFICATION THAT WAS MADE TO RESIDENT OF MODIFICATION THAT WAS MODIFICATION THAT WAS MADE TO RESIDENT OF MODIFICATION THAT WAS MODIFICATION THAT WAS	TEST 3 0.098 g/210L CE THE LAST MAINTENANCE REPORT: 1519 1 OVER .19 1		
and must have a spread of .0 used. X 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ 0.04% STANDARD - MUST READ TEST 1 0.098 g/210L INDICATE THE NUMBER OF BREATH REFUSALS 1 004 0 LIST ANY NEW PARTS AND DESCRIBE ANY ALT SATISFACTORILY AND WITHIN ESTABLISHED INSPECTING OFFICER SIGNATURE TYPE IN PERMIT NUMBER EXPIRE	DETWEEN 0.095% AND 0.105% INCLUSE BETWEEN 0.076% AND 0.084% INCLUSE BETWEEN 0.038% AND 0.042% INCLUSE TEST 2 0.098 g/210L TESTS IN THE FOLLOWING RANGES SING DETAILS OF THE FOLLOWING RANGES SING DETAILS (USE OTHER SIDE IF NECESSARY). PRINT FULL NAME FRY, MATTHEW TELEPHONE NUMBER	TEST 3 0.098 g/210L CE THE LAST MAINTENANCE REPORT: .1519 1 OVER .19 1 ESTORE THE INSTRUMENT TO OPERATE		
and must have a spread of .0 used. X 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ 0.04% STANDARD - MUST READ TEST 1 0.098 g/210L INDICATE THE NUMBER OF BREATH REFUSALS 1 004 0 LIST ANY NEW PARTS AND DESCRIBE ANY ALT SATISFACTORILY AND WITHIN ESTABLISHED INSPECTING OFFICER SIGNATURE TYPE IN PERMIT NUMBER EXPIRE	DETWEEN 0.095% AND 0.105% INCLUSED BETWEEN 0.076% AND 0.084% INCLUSED BETWEEN 0.038% AND 0.042% INCLUSED TEST 2 0.098 g/210L TEST 2 0.098 g/210L TESTS IN THE FOLLOWING RANGES SING 10509 0 .1014 2 TERRATION OR MODIFICATION THAT WAS MADE TO RESIDENT OF MODIFICATION THAT WAS MODIFICATION THAT WAS MADE TO RESIDENT OF MODIFICATION THAT WAS MODIFICATION THAT WAS	TEST 3 0.098 g/210L CE THE LAST MAINTENANCE REPORT: .1519 1 OVER .19 1 ESTORE THE INSTRUMENT TO OPERATE		
and must have a spread of .0 used. X 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ 0.04% STANDARD - MUST READ TEST 1 0.098 g/210L INDICATE THE NUMBER OF BREATH REFUSALS 1 004 0 LIST ANY NEW PARTS AND DESCRIBE ANY ALT SATISFACTORILY AND WITHIN ESTABLISHED INSPECTING OFFICER SIGNATURE TYPE M PERMIT NUMBER EXPIR 200104 02/2	DETWEEN 0.095% AND 0.105% INCLUSE BETWEEN 0.076% AND 0.084% INCLUSE BETWEEN 0.038% AND 0.042% INCLUSE TEST 2 0.098 g/210L TEST 2 0.098 g/210L TESTS IN THE FOLLOWING RANGES SING CONTROL OF MODIFICATION THAT WAS MADE TO RESIDENT OF MODIFICATION THAT WAS MADE TO RESIDENT.	TEST 3 0.098 g/210L CE THE LAST MAINTENANCE REPORT: .1519 1 OVER .19 1 ESTORE THE INSTRUMENT TO OPERATE		
and must have a spread of .0 used. X 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ 0.04% STANDARD - MUST READ 0.04% STANDARD - MUST READ 1.000 MUST R	DETWEEN 0.095% AND 0.105% INCLUSED BETWEEN 0.076% AND 0.084% INCLUSED BETWEEN 0.038% AND 0.042% INCLUSED TEST 2 0.098 g/210L TEST 2 0.098 g/210L TESTS IN THE FOLLOWING RANGES SINGULAR CONTROL TO THE FOLLOWING RANGES SINGULAR CONTROL TO THE SIDE IF NECESSARY). PRINT FULL NAME FRY, MATTHEW TELEPHONE NUMBER (314) 298-870 TO THE:	TEST 3 0.098 g/210L CE THE LAST MAINTENANCE REPORT: .1519 1 OVER .19 1 ESTORE THE INSTRUMENT TO OPERATE		
and must have a spread of .0 used. X 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ 0.04% STANDARD - MUST READ TEST 1 0.098 g/210L INDICATE THE NUMBER OF BREATH REFUSALS 1 004 0 LIST ANY NEW PARTS AND DESCRIBE ANY ALT SATISFACTORILY AND WITHIN ESTABLISHED IN SATISFACTORILY AND WITHIN SATISFACTORI	DETWEEN 0.095% AND 0.105% INCLUSE BETWEEN 0.076% AND 0.084% INCLUSE BETWEEN 0.038% AND 0.042% INCLUSE TEST 2 0.098 g/210L TEST 2 0.098 g/210L TESTS IN THE FOLLOWING RANGES SING CONTROL OF MODIFICATION THAT WAS MADE TO RESIDENT OF MODIFICATION THAT WAS MADE TO RESIDENT.	TEST 3 0.098 g/210L CE THE LAST MAINTENANCE REPORT: .1519 1 OVER .19 1 ESTORE THE INSTRUMENT TO OPERATE		

AITGAS. Tank # 010

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 Craid 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

RGM Serial No. EB0010603 EB0010559 EB0010595 EB0010562 EB0010579

Concentration 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm

CRM Serial No. CC727481 CC727496

Concentration 800.0 ppm 253.0 ppm

CRM Serial No. CC727493 CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2020.10.14 18:22:45 -05:00 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



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM**

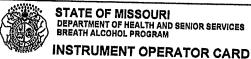


LAB-4 (R6-10)

PERMIT TYPE II

MATTHEW FRY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field servic and operate the following breath analyzer(s):		and repairs
	NTOX EC/IR II	
for the determination of the alcoholic content of blo 577.020 through 577.041, RSMo and 306.111 thro	ood from a sample of expired air. Permit issued under the provision ough 306.119 RSMo.	s of section
DATE2/27/2020	when	
NUMBER 200104	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY	
EXPIRES 2/27/2022	El Ville.	
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SER	/ICES



The named cardholder is authorized to operate an evidential breath elcohol instrument for the determination of the elcoholic content in breath form of expired air in Missouri.

Operator FRY, MATTHEW
Permit No 200104
Date Issued 2/27/2020 Date Expires 2/27/2022

