

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 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 a	15 ISI	in 15 days to the		ogram, DHSS.	
12831	NAME OF AGENCY		DATE OF INSPECTION		
LOCATION OF INSTRUMENT (STREET AND CITY	Pleasant Hill Po	olice Dep	07/07/2021		
757.732 NO			TIME OF INSPECTION		
300 Commercial Street Pleasant		1	02:30 CST	na within	
CHECKLIST: Place a mark in the box established limits. (Write in obse				NAS	
before using instrument.	ived values where de	cermined). Onmar	NEW ICEMIS MINDS DC V	301100000	
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	CV		
X BT TEMP		X CRC CAL CHEC	K		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STAND	ARDS				
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER Intox	imeters	LOT# AG032204	EXP.	DATE 11/17/2022	
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	SN	SIM. NIST EXP I	DATE	
<b>–</b>					
X CALIBRATION CHECK - (ONLY ON	E STANDARD IS TO E	BE USED PER MAIN	TENANCE REPORT)		
Run three tests using a stan				& of the standard value	
and must have a spread of .0	05 or less. Mark	the box corresp	onding to the sta	andard solution being	
used.		200		3	
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% AM	ND 0.042% INCLUS	IVE		
	T			•	
TEST 1 0.099 g/210L	TEST 2 0.099	J.	A STATE OF THE STA	9 g/210L	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS 1 004 0	.0509 0	.1014 2	.1519 2	OVER .19 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALT SATISFACTORILY AND WITHIN ESTABLISHED I	ERATION OR MODIFICATION IMITS (USE OTHER SIDE	N THAT WAS MADE TO R IF NECESSARY).	ESTORE THE INSTRUMENT	TO OPERATE	
SATISFACTORILI AND WITHIN					
INSPECTING OFFICER		PRINT FULL NAME			
SIGNATURE		MALENA, DOMIN	NIC		
	ATION DATE	TELEPHONE NUMBER	SC A		
200212 07/2	20/2022	(816)540-910	9		
ZUUZIZ					
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: 20-Nov-2020

Lot # AG032204 Model 108cacd

Exp. Date

Cyl. Type

Component

**Certified Concentration** 

17-Nov-2022

108

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 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm	RGM Serial No.	Concentration
EB0010581		EB0010603	393.0 ppm
EB0010570		EB0010559	258.2 ppm
EB0010285		EB0010595	208.3 ppm
EB0010561		EB0010562	104.2 ppm
EB0010681		EB0010579	52.81 ppm
EB0010681	52.12 ppm	EB0010579	32.61 ppm

CC727496 253.0 ppm CC727498 150.0 ppm	CRM Serial No.	Concentration	<u>CRM Serial No.</u>	Concentration
	CC727481	800.0 ppm	CC727493	390.0 ppm
	CC727496	253.0 ppm	CC727498	150.0 ppm

**Analytical Method:** 

**NDIR** 

Digitally signed by Quality Control Date: 2020.11.20 16:21:55 -06:00 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

# **DOMINIC MALENA**

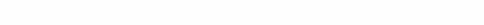
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

## 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.

DATE7/20/2020	want
DAIL	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200212	
EXPIRES 7/20/2022	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
10 580-0771 (5-10)	DIRECTOR OF DEPARTMENT OF REALTH AND SENIOR SERVICES  LAB-4 (R6-10)

MO 580-0771 (6-10)





#### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

#### **INSTRUMENT OPERATOR CARD**

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.

MALENA, DOMINIC Operator

200212 Permit No

Date Issued 7/20/2020 Date Expires 7/20/2022

