

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

INTOX EC/IR II MAINTENANCE REPORT

DD	DO	27	• 44	3

INTOX EC/IR II				REPORT #3					
Complete this report at the time of									
days). Complete this report whenever		_		<del>-</del>					
into service. Retain the original a		in 15 days to the		ogram, DHSS.					
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION						
12855	Rolla Police Dep	artment	05/28/2021						
LOCATION OF INSTRUMENT (STREET AND CITY)	İ		TIME OF INSPECTION						
1007 N. Elm Street Rolla			02:19 CDT						
CHECKLIST: Place a mark in the box									
established limits. (Write in obser	rved values where de	termined). Unmark	ced items must be o	corrected					
before using instrument.  X DIAGNOSTIC RECORD									
		CO2 OURON							
X BLANK CHECK		X CO2 CHECK							
X FC 1 TEMP		X FLOW CHECK							
X SRC TEMP		X FCB CHECK	X FCB CHECK						
X DET TEMP		X CRC COMP CHEC	CK						
X BT TEMP		X CRC CAL CHECK	K						
X STD 2 TEMP		X PRINT TEST							
X ETH CHECK									
BREATH ANALYZER ACCURACY STANDA	RDS								
SIMULATOR SOLUTION		COMPRESSED R	THANOL-GAS MIXTU	PR					
	IMETERS	LOT# AG021102		DATE 07/29/2022					
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	SN	SIM. NIST EXP I	JATE					
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO B	E USED PER MAINT	TENANCE REPORT)						
Run three tests using a stand	lard solution. Al	1 three tests mu	st be within +5	of the standard value					
and must have a spread of .00	5 or less. Mark	the box correspo	onding to the sta	andard solution being					
used.									
0.10% STANDARD - MUST READ									
0.08% STANDARD - MUST READ									
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	D 0.042% INCLUS	IVE						
TEST 1 0.076 q/210L TEST 2 0.077 q/210L TEST 3 0.077 q/210L									
TEST 1 ** 0.076 g/210L	<u> </u>	J. J							
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SINC	E THE LAST MAIN	PENANCE REPORT:					
REFUSALS 0 004 0	.0509 0	.1014 3	.1519 1	OVER .19 1					
LIST ANY NEW PARTS AND DESCRIBE ANY ALTR	· ·			· · · · ·					
SATISFACTORILY AND WITHIN ESTABLISHED LI			DIONE IN INCINONENT	TO OTBIATE					
TURBERTUR ARETER									
INSPECTING OFFICER									
SIGNATURE	つ	PRINT FULL NAME GRISHAM, THOM	AS						
	VION DATE	TELEPHONE NUMBER	110						
	2/2022	(573)308-1213	3	ļ ļ					
RETURN COMPLETED REPORT T									
Breath Alcohol Program, Miss	ouri Department	of Health and	Senior Service	≥s,					
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: 4-Aug-2020

Lot # AG021102 Model 108cacd

Exp. Date 29-Jul-2022 Cyl. Type 108

Component Ethanol

Ethanoi Nitrogen **Certified Concentration** 

0.080 ± 0.002 BrAC (218 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
<u>CRM Serial No.</u>	Concentration	<u>CRM Serial No.</u>	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

**Analytical Method:** 

NDIR

Digitally signed by Quality Control Date: 2020.08.06 19:18:53 -05:00 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

Date Ended:\_

Date Started: 04/27/2021

		1					-					-	0.0000000	157 - 1000 1	- 0393
Charge	29	DUIT	J.m.C	DUST	70	BAC T	386	1130							
B.A. Operator	866	838	856		1	877	865				ļ.				
% BAC		126	144	l	.	.208	.137								
Arresting Officer		4540 750	MSHP 160	876	828	MSHP 285	889	889							
Subject Name	AND DE				Payme, Sally	Smith, Jessia	Hendenckson Gabrielle	Madelox Richard Dalton				-			
Test#	(357	1358	1359	1		1360	1301	1							
Time		300H	0425	-	١	2335	BOOK	0545		1	•				
Date	04/27/21	04/29/21	04/30/21	5/06/21	12/9/5	5/8/21	10-9/8	12-91-5	·						



### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

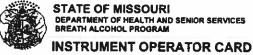
## **THOMAS A GRISHAM**

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)

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 as in Missour.

Operator

GRISHAM, THOMAS

Permit No 200001 Date Issued 1/2/2020

