

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

INTOX EC/IR II	MAINTENANCE RE	PORT		REPORT #:
Complete this report at the time of				
days). Complete this report wheneve		-	-	
into service. Retain the original a		15 days to the		
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION	
12858	Holts Summit PD		11/18/2021	
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION	
245 South Summit Dr Holts Summit			18:34 CST	
CHECKLIST: Place a mark in the box l	y each item if found	to be satisfact	cory or is operating within	
established limits. (Write in obser	ved values where deter	mined). Unmark	ked items must be corrected	
before using instrument.				
X DIAGNOSTIC RECORD	" '		<u>.</u> , (1986)	
X BLANK CHECK	X	X CO2 CHECK		
X FC 1 TEMP	X	X FLOW CHECK		
X SRC TEMP	Х	FCB CHECK	•	
X DET TEMP	X	X CRC COMP CHECK		
X BT TEMP	Х	CRC CAL CHEC	K	
X STD 2 TEMP	X	PRINT TEST		
X ETH CHECK				
BREATH ANALYZER ACCURACY STANDA	rds			
SIMULATOR SOLUTION	X	COMPRESSED E	THANOL-GAS MIXTURE	
X STANDARD SUPPLIER Intoxi	meters LO	г# AG116006	EXP. DATE 06/09/20	23
SIMULATOR TEMP (34°C +0.2°C)	SIM. SN		SIM. NIST EXP DATE	
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO BE	JSED PER MAINT	TENANCE REPORT)	
	44		<i>*</i>	
			ust be within $\pm 5\%$ of the standa onding to the standard solution	
X 0.10% STANDARD - MUST READ 1				

0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 3 🦠 0.099 g/210L TEST 1 0.099 g/210L TEST 2 🤏 0.099 g/210L INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

.05-.09 REFUSALS 0-.04 0 .10-.14 .15-.19 OVER .19

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

Maint. completed to DHSS standards

INSPECTING OFFICER			
SIGNATURE	•	PRINT FULL NAME	_
- Cody Emms		Cody Evans	
TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER	_
210257	11/18/2023	(573)896-5600	

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

<u>Customer Name</u> <u>9-Jun-2021</u>

Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Lot # AG116006 Model 108cacd

Exp. DateCyl. TypeComponentCertified Concentration9-Jun-2023108Ethanol0.100 ± 2% BrAC (272 ppm)

Nitrogen Balance

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	<u>Concentration</u>	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Approved for Release: North Marsala

Rod Marsala

ISO 17025:2017 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 CODY EVANS

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.

DATE	11/18/2021	Laura Q Day
D/L	*	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	210257	Daniel S. Kanna
EXPIRES	11/18/2023	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES

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 air in Missouri.

Operator EVANS, CODY Permit No 210257

