



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 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 13051	NAME OF AGENCY Creve Coeur Police Dept.	DATE OF INSPECTION 07/22/2021
----------------------------	--------------------------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 350 N. New Ballas Rd. Creve Coeur, MO 63141	TIME OF INSPECTION 14:46 CDT
-----------------------------------------------------------------------------------------	---------------------------------

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC RECORD	
<input checked="" type="checkbox"/> BLANK CHECK	<input checked="" type="checkbox"/> CO2 CHECK
<input checked="" type="checkbox"/> FC 1 TEMP	<input checked="" type="checkbox"/> FLOW CHECK
<input checked="" type="checkbox"/> SRC TEMP	<input checked="" type="checkbox"/> FCB CHECK
<input checked="" type="checkbox"/> DET TEMP	<input checked="" type="checkbox"/> CRC COMP CHECK
<input checked="" type="checkbox"/> BT TEMP	<input checked="" type="checkbox"/> CRC CAL CHECK
<input checked="" type="checkbox"/> STD 2 TEMP	<input checked="" type="checkbox"/> PRINT TEST
<input checked="" type="checkbox"/> ETH CHECK	

BREATH ANALYZER ACCURACY STANDARDS	
<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE

<input checked="" type="checkbox"/> STANDARD SUPPLIER	INTOXIMETERS	LOT# AG027403	EXP. DATE 09/30/2022
-------------------------------------------------------	--------------	---------------	----------------------

<input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C)	SIM. SN	SIM. NIST EXP DATE
-------------------------------------------------------	---------	--------------------

<input checked="" type="checkbox"/> 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.	
<input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1 0.101 g/210L	TEST 2 0.100 g/210L	TEST 3 0.100 g/210L
---------------------	---------------------	---------------------

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:											
REFUSALS	0	0-.04	0	.05-.09	1	.10-.14	1	.15-.19	4	OVER .19	0

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).

INSPECTING OFFICER		
SIGNATURE 	PRINT FULL NAME ZUCKERMAN, JONATHAN	
TYPE II PERMIT NUMBER 200136	EXPIRATION DATE 03/09/2022	TELEPHONE NUMBER (314) 432-8000

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) 533-7320

Certificate of Analysis

Customer Name
 Exklusiv Supplier
 Intoximeters, Inc
 2081 Craig Road
 St. Louis, Mo. 63146

Test Date: 1 Oct 2020

Lot # AG027403 **Model** 108cadd

Exp. Date 30-Sep-2022	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 0.100 ± 2% BrAC (272 ppm) Balance
---------------------------------	-------------------------	-----------------------------------------	------------------------------------------------------------------------

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

RGM Serial No. EB0010681	Concentration 392.1 ppm	RGM Serial No. EB0010603	Concentration 393.0 ppm
EB0010670	259.8 ppm	EB0010559	268.2 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. CC434668	Concentration 800.0 ppm	CRM Serial No. 0066649	Concentration 390.1 ppm
CC234803	263.0 ppm	0066662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Rodi Marsala
 Date: 2020.10.02 12:23:10 -0500
 Reason: I'm a signatory of this document
 Location: Airgas USA LLC (LAb)

Approved for Release:

Rodi Marsala
 Rodi 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

2

**PERMIT
TYPE II**

JONATHAN P ZUCKERMAN

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 valid under the provisions of sections 577.020 through 577.041, RSMo and 500.111 through 500.116 RSMo.

DATE 3/9/2020

W. H. ...
DIRECTOR OF STATE PUBLIC HEALTH INSPECTION

NUMBER 200136

EXPIRES 3/9/2022

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580771 (6-18)

(18-1914-N)

