

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

#### THEOR EG/TD II WATER

INTOX EC/IR II				REPORT #
Complete this report at the time of	f the regular monthl	y preventive main	tenance check (not	to exceed 35
days). Complete this report whenever	er the instrument is	s serviced or repa	ired and whenever	it is placed
into service. Retain the original a	NAME OF AGENCY	iin 15 days to the	DATE OF INSPECTION	ogram, DHSS.
13339		Pent	09/14/2021	
LOCATION OF INSTRUMENT (STREET AND CITY	Gladstone Police Dept.		TIME OF INSPECTION	
7010 N Holmes Gladstone			23:54 CDT	
CHECKLIST: Place a mark in the box	by each item if fou	ind to be satisfact		ng within
established limits. (Write in obse				
before using instrument.				001100004
X DIAGNOSTIC RECORD				
X BLANK CHECK		X CO2 CHECK		
X FC 1 TEMP		X FLOW CHECK		
X SRC TEMP			CB CHECK	
X DET TEMP		X CRC COMP CHECK		
X BT TEMP				
Printed.		Control of the Contro		
X STD 2 TEMP		X PRINT TEST		
X ETH CHECK				
BREATH ANALYZER ACCURACY STANDA	ARDS			
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE
X STANDARD SUPPLIER INTOX	IMETERS	LOT# AG007603	EXP.	DATE 11/16/2021
SIMULATOR TEMP (34°C +0.2°C)	SIM. S	SN	SIM. NIST EXP	DATE
X CALIBRATION CHECK - (ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	dard solution. Al 05 or less. Mark BETWEEN 0.095% AN BETWEEN 0.076% AN	Three tests must the box corresponding 0.105% INCLUSTED 0.084% INCLUSTED 0.084% INCLUSTED 1.000000000000000000000000000000000000	ust be within ±500 onding to the state sta	% of the standard value andard solution being
TEST 1 0.099 g/210L	TEST 2 ** 0.099	g/210L	TEST 3 0.09	9 g/210L
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLLO	WING RANGES SING	L CE THE LAST MAIN'	TENANCE REPORT.
				THE VALL
REFUSALS 2 004 1	.0509 0	1014 0	.1519 0	OVER .19 1
LIST ANY NEW PARTS AND DESCRIBE ANY ALT SATISFACTORILY AND WITHIN ESTABLISHED L	ERATION OR MODIFICATION	THAT WAS MADE TO RE	STORE THE INSTRUMENT	TO OPERATE
	INTIS (USE CIRER SIDE )	IF NECESSARY)		
INSPECTING OFFICER				
SIGNATURE	-	PRINT FULL NAME CHRISTOPHER B	ENNETT	
TYPE IT PERMIT NUMBER PEXPIRA	ATION DATE	TELEPHONE NUMBER	DEMNETT	
The first of the control of the cont	4/2023	(816)436-3550	0	
RETURN COMPLETED REPORT T	O THE:	<del>/</del>		
Breath Alcohol Program, Miss		of Health and	Senior Service	es,



#### 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: 18-Mar-2020

Lot # AG007603 Model 34cacd

Exp. Date

Cyl. Type

Component

**Certified Concentration** 

16-Nov-2021

34

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.	<u>Concentration</u>	RGM Serial No.	<b>Concentration</b>
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** 

Digitally signed by Quality Control Date: 2020.03.19 16:00:03 -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



### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

## **CHRISTOPHER BENNETT**

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**

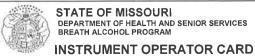
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections

577.020 through 577.041, RSMo and 306.111 throug		
DATE9/14/2021	Laura G. Nay	
W/112	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY	
NUMBER <b>210203</b>	Donal S. Rammy	
EVDIDES 9/14/2023	Money N. Vann	

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 all in Missouri.

Operator BENNETT, CHRISTOPHER

Permit No 210203

Date Issued 9/14/2021 Date Expires 9/14/2023

