

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

### THYOY ROATH IT MATHYRNANCE DEDODY

TRIUA BC/IR I	I MAINIENANCE	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		hin 15 days to the			
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION		
12678	Wentzville Poli	ce Dept.	12/02/2022		
LOCATION OF INSTRUMENT (STREET AND CIT	Ψ.Υ.)		TIME OF INSPECTION		
1019 Schroeder Creek Blv Went	zville		21:25 CST		
CHECKLIST: Place a mark in the bo	x by each item if for	und to be satisfact	cory or is operating within		
established limits. (Write in obs	erved values where de	etermined), Unmark	ted items must be corrected		
before using instrument.					
X DIAGNOSTIC RECORD				<u></u>	
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP		X FLOW CHECK			
X SRC TEMP	· · · · · · · · · · · · · · · · · · ·	X FCB CHECK		<del></del>	
X DET TEMP		X CRC COMP CHEC	TT7		
X BT TEMP		X CRC CAL CHECK	K		
X STD 2 TEMP		X PRINT TEST	·		
X ETH CHECK					
BREATH ANALYZER ACCURACY STAN	DARDS				
SIMULATOR SOLUTION		X COMPRESSED ET	THANOL-GAS MIXTURE		
	XIMETERS	LOT# AG210902	EXP. DATE 04/19/202	2.4	
SIMULATOR TEMP (34°C +0.2°C			ISIM. NIST EXP DATE		
SIMOLATOR TEMP (34°C ±0.2°C	) SIM. S	21/	SIM, NIST EXP DATE		
X CALIBRATION CHECK - (ONLY OR	NE STANDARD IS TO E	BE USED PER MAINT	ENANCE REPORT)		
Run three tests using a star	ndard solution. Al	ll three tests mu	ist be within +5% of the standar	rd value	
Run three tests using a standard solution. All three tests must be within $\pm 5\%$ of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being					
used.			_ ,		
X 0.10% STANDARD - MUST REAL	BETWEEN 0.095% AM	ND 0.105% INCLUSI	VE		
0.08% STANDARD - MUST REAL	BETWEEN 0.076% AN	ND 0.084% INCLUSI	.VE		
0.04% STANDARD - MUST REAL					
TEST 1 🖙 0.099 g/210L	TEST 2 😇 0.100	g/210L	TEST 3 🖙 0.099 g/210L		
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLLO	WING RANGES SINC	E THE LAST MAINTENANCE REPORT:		
INDICATE THE NORDER OF BREATH	IDDID IN THE TORRO	WING MANGED SINC	.2 IMA DASI MAINIEMANCE REFORI:		
REFUSALS 2 004 30	.0509 0	.1014 0	.1519 0 OVER .19	 1	
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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).					
			·		
December 2022					
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME			
► Ser. 1 239					
		Branden Anders	son		
TYPE II DERMIT NUMBER EXPIR	ATION DATE	TELEPHONE NUMBER			
TYPE II PERMIT NUMBER EXPIR	ATION DATE 21/2024				
TYPE II PERMIT NUMBER EXPIR	21/2024	TELEPHONE NUMBER			
220248 EXPLIENT 10/2  RETURN COMPLETED REPORT	21/2024 FO THE:	TELEPHONE NUMBER (636)327-5105			
220248 EXPER 10/	21/2024 FO THE:	TELEPHONE NUMBER (636)327-5105			



**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-Apr-2022

Lot # AG210902 Model 108

Exp Date 19-Apr-2024 Cyl. Type 108 Component

**Certified Concentration** 

Ethanol

Nitrogen

0.100 ± 2% BrAC (272 ppm)

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

 CRM Serial No.
 Concentration
 CRM Serial No.
 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 Reason:Dry gas standard certification of analysis Location:Atrgas USA LLC (Lab) Date:04.21.2022 14:54

Approved for Release:

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

# **BRANDEN ANDERSON**

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**

	ample of expired air. Permit issued under the provisions of sections
577.020 through 577.041, RSMo and 306.111 through 306.11	Mile Masson
DATE	/ like // lason
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 220248	
EXPIRES 10/21/2024	Daves I. Nichelson
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
MO 580-0771 (6-10)	LAB-4 (R6-13)



220248 Date Issued 10/21/2022 Date Expires 10/21/2024

