

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

INTOX EC/IR II					REPORT #3
Complete this report at the time of	the regular month	ly 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	
	and send a copy within 15 days to the				
INTOX EC/IR II SN 12685	NAME OF AGENCY		DATE OF INSPECTION		
5380-30	SPRINGFIELD PD		04/07/2022		
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION		
1000 N BOONVILLE (GC JAIL SPRING		13:45 CDT			
CHECKLIST: Place a mark in the box	by each item if for	and to be satisfact	tory or is operati	ng within	
established limits. (Write in obse	ved values where de	etermined). Unmarl	ked items must be	corrected	
before using instrument.					
X DIAGNOSTIC RECORD		2002			
X BLANK CHECK		X CO2 CHECK		-	
X FC 1 TEMP	X FLOW CHE				
X SRC TEMP	X FCB CHECK				
X DET TEMP	X CRC COMP CH		ACK.		
X BT TEMP					
			ZK		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK	•				
BREATH ANALYZER ACCURACY STANDA	RDS			·	
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER INTOX	METERS	LOT# AG023902			2022
SIMULATOR TEMP (34°C +0.2°C)					4022
SIMOLATOR TEMP (34°C ±0.2°C)	SIM. S	51V	SIM. NIST EXP	DATE	
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO E	BE USED PER MAIN	TENANCE REPORT)		
Run three tests using a stand	lard solution. Al	ll three tests m	ust be within +5	k of the stand	dard value
and must have a spread of .00	5 or less. Mark	the box correspo	onding to the st	andard solution	on being
used.		1			on octing
X 0.10% STANDARD - MUST READ	BETWEEN 0.095% AN	ND 0.105% INCLUS	IVE		
0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ	BETWEEN 0.038% AM	ND 0.042% INCLUS	IVE		
TEST 1 0.098 g/210L	TEST 2 0.098	g/210L	TEST 3 0.09	8 g/210L	
		*	1	-	
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SING	CE THE LAST MAIN	IENANCE REPOR	£:
REFUSALS 0 004 1	.0509 1	10 14 =	1	T	
• • • • • • • • • • • • • • • • • • • •	_	.1014 5	.1519 10	OVER .19	3
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE SATISFACTORILY AND WITHIN ESTABLISHED LE	RATION OR MODIFICATION	N THAT WAS MADE TO RE	STORE THE INSTRUMENT	TO OPERATE	
		I NOCODONICI,			
012685 04/07/0022 00/06/18528					
1=4110 01,01,0022 00,00,20320					
INSPECTING OFFICER					
SIGNATURE	<u> </u>	PRINT FULL NAME			
- I wat hart		SWEET, DUSTIN	ī		
	TION DATE	TELEPHONE NUMBER			
220099 03/1	8/2024	(417)864-1810)		
RETURN COMPLETED REPORT T	O TUE.				
		_			
Breath Alcohol Program, Missouri Department of Health and Senior Services,					
by mail, fax, or e-mail					





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: 27-Aug-2020

Lot # AG023902 Model 108cacd

Exp. Date 26-Aug-2022 Cyl. Type 108

Component Ethanol

Nitrogen

Certified Concentration 0.100 ± 2% BrAC (272 ppm)

150.2 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 390.1 ppm 150.2 ppm
CC434668	800.0 ppm	0056649	
CC234503	253.0 ppm	0056662	

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2020.08.27 19:06:48 -05:00 Reason: Dry gas standard certifica Location: Airgas USA LLC (Lab)

Approved for Release:

ISO 17025:2005 A2LA accredited. Certificate Number 3082.08 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

DUSTIN SWEET

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.

DATE3/18/2022	Lama Q- Day
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 220099	Datrice
EXPIRES 3/18/2024	Davla I. Nichelson
IC) 580:0771 (6:10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR 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 as in Missouri.

Operator SWEET, DUSTIN

Permit No 220099

Date Issued 3/18/2022 Date Expires 3/18/2024

