

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					
days). Complete this report whenev					
INTOX EC/IR II SN	and send a copy within 15 days to the		DATE OF INSPECTION		
12686	SPRINGFIELD POLICE DEPT.		02/06/2022		
LOCATION OF INSTRUMENT (STREET AND CITY			TIME OF INSPECTION		
2620 W Battlefield SPRINGFIELD			16:42 CST		
CHECKLIST: Place a mark in the box	by each item if fou	nd to be satisfac	tory or is operation	ng within	
established limits. (Write in obse					
before using instrument.					
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP	X FLOW CHECK				
X SRC TEMP	X FCB CHECK				
X DET TEMP X CRC COMP CHE		CK			
X BT TEMP X CRC CAL CHEC		К			
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK	·-				
BREATH ANALYZER ACCURACY STAND	ARDS				
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE					
X STANDARD SUPPLIER INTOX	KIMETERS	LOT# AG023902	EXP.	DATE 08/26/	2022
SIMULATOR TEMP (34°C +0.2°C)	SIM. S	SN	SIM. NIST EXP	DATE	
_	10.				
X CALIBRATION CHECK - (ONLY ON	E STANDARD IS TO B	E USED PER MAIN	TENANCE 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 .0					
used.		_	_		
X 0.10% STANDARD - MUST REAE					
0.08% STANDARD - MUST READ				de .	
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	ID 0.042% INCLUS	IVE		
TEST 1 3 0.101 g/210L	TEST 2 150 0.101	g/210L	TEST 3 5 0.10	0 g/210L	
		INCE THE LAST MAINTENANCE REPORT:			
INDICATE THE NORDER OF BREATH	TESTS IN THE FORDO	WILL COUNTY DILL	CE THE DAST MAIN	IENANCE REFOR	.1 :
REFUSALS 0 004 8	.0509 0	.1014 0	.1519 0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY AL			ESTORE THE INSTRUMENT	TO OPERATE	
SATISFACTORILY AND WITHIN ESTABLISHED	LIMITS (USE OTHER SIDE I	IF NECESSARY).			
012686					
IMSPECTING OFFICER	Mar Shiring Tolk of				A PRINCIPAL PRIN
SIGNATURE		SWEET, DUSTIN			
TYPE II PERMIT NUMBER EXPIR	RATION DATE	TELEPHONE NUMBER			
200134 03/	09/2022	(417)864-181	0		
RETURN COMPLETED REPORT	TO THE:				
Breath Alcohol Program, Missouri Department of Health and Senior Services,					
by mail, fax, or e-mail					
worr, ray, or e-warr					



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: 27-Aug-2020

Lot # AG023902 Model 108cacd

Exp. Date 26-Aug-2022

Cyl. Type

Component Ethanol

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.
 Concentration

 EB0010581
 392.1 ppm

 EB0010570
 259.8 ppm

 EB0010285
 208.0 ppm

 EB0010561
 103.6 ppm

 EB0010681
 52.12 ppm

 CRM Serial No.
 Concentration

 CC434668
 800.0 ppm

 CC234503
 253.0 ppm

 RGM Serial No.
 Concentration

 EB0010603
 393.0 ppm

 EB0010559
 258.2 ppm

 EB0010595
 208.3 ppm

 EB0010562
 104.2 ppm

 EB0010579
 52.81 ppm

 CRM Serial No.
 Concentration

 0056649
 390.1 ppm

 0056662
 150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2020,08.27 19:06:48 -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

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.

DATE3/9/2020	wonde
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200134	
EXPIRES 3/9/2022	for William
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
40 F00 0774 (0 40)	

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 a in Missouri.

Operator SWEET, DUSTIN Permit No. 200134

Date Issued 3/9/2020 Date Expires 3/9/2022

