

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

INTOX EC/IR II MAINTENANCE		
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 NAME OF AGENCY	DATE OF INSPECTION	
12688 Lee's Summit Pol		
LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION	
10 NE Tudor Rd Lee's Summit	08:24 CDT	
CHECKLIST: Place a mark in the box by each item if fou		
established limits. (Write in observed values where de	201 - 190	
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 CHECK		
X BT TEMP	X CRC CAL CHECK	
X STD 2 TEMP	the second secon	
	X PRINT TEST	
X ETH CHECK		
BREATH ANALYZER ACCURACY STANDARDS		
SIMULATOR SOLUTION	X COMPRESSED ETHANOL-GAS MIXTURE	
X STANDARD SUPPLIER INTOXIMETER	OT# AG204606 EXP. DATE 02/15/2024	
SIMULATOR TEMP (34°C ±0.2°C) SIM. S	SIM. NIST EXP DATE	
_		
X CALIBRATION CHECK - (ONLY ONE STANDARD IS TO E	USED PER MAINTENANCE REPORT)	
Run three tests using a standard solution. All three tests must be within +5% of the standard value		
A service of the serv	he box corresponding to the standard solution being	
used.		
0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE		
X 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE		
0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE		
TEST 1 0.079 g/210L TEST 2 0.079	7/210L TEST 3 = 0.079 g/210L	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:		
REFUSALS 0 004 22 .0509 0	.1014 0 .1519 0 OVER .19 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION		
SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE :	NECESSARY).	
INSPECTING OFFICER		
SIGNATURE	PRINT FULL NAME	
X 119 1406	LIGGETT, DERRICK	
210160 EXPIRATION DATE 08/04/2023	TELEPHONE NUMBER (816 ) 969-1700	
	( 010 / 202-1/00	
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) 533-7328

### **Certificate of Analysis**

Customer Name Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 19-Feb-2022

Lot # AG204606 Model 108

Exp Date 15-Feb-2024 Cyl. Type 108 **Component** Ethanol Certified Concentration 0.080 ± 0.002 BrAC (218 ppm)

Nitrogen

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

**RGM Serial No.** Concentration **RGM Serial No.** Concentration 391.8 ppm EB0010581 EB0010603 392.5 ppm EB0010570 259.8 ppm EB0010559 258.9 ppm EB0010285 209.0 ppm EB0010562 104.2 ppm EB0010579 52.94 ppm EB0010561 103.7 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:Airgas USA LLC (Lab) Date:02.22.2022 19:02

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

## **DERRICK W. LIGGETT**

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.

DATE8/4/2021	Laura a Nay
A THE PARTY OF THE PARTY THE SERVE STATE S	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 210160	Will know
EXPIRES 8/4/2023	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10) LAB-4 (R6-10)

