

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 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 INTOX EC/IR II SN NAME OF AGENCY			DATE OF INSPECTION		
12689	Lee's Summit Pol	lice Dept	04/01/2022		
LOCATION OF INSTRUMENT (STREET AND CITY		rice Dept	TIME OF INSPECTION		
10 NE Tudor Rd. Lee's Summit			10:28 CDT		
CHECKLIST: Place a mark in the box	and to be satisfact	Lory or is operation	ng within		
established limits. (Write in obser					
before using instrument.					
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP		X FLOW CHECK			2101
X SRC TEMP X FCB CHECK					
X DET TEMP X CRC COMP CHECK					
X BT TEMP X CRC CAL CHECK					
X STD 2 TEMP X PRINT TEST					
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	ARDS				
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE					
X STANDARD SUPPLIER INTOX	IMETER	LOT# AG204606	EXP.	DATE 02/15/2	2024
SIMULATOR TEMP (34°C +0.2°C)	SIM. S	SN	SIM. NIST EXP I	DATE	
CALIBRATION CHECK - (ONLY ON	S STANDARD IS TO E	BE USED PER MAIN	TENANCE REPORT)		
X CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)					
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.					
0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE					
X 0.08% STANDARD - MUST READ	BETWEEN 0.076% AM	ND 0.084% INCLUS	IVE		
0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE					
	T				
TEST 1 0.077 g/210L TEST 2 0.078		g/210L	TEST 3 0.078 g/210L		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS 1 004 17	T 05 00 1	10 14 2	15 10 4	OVER 10	2
	.0509 1	.1014 3	.1519 4	OVER .19	3
LIST ANY NEW PARTS AND DESCRIBE ANY ALT SATISFACTORILY AND WITHIN ESTABLISHED L			SIORE THE INSTRUMENT	TO OPERATE	
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME			
DAMK 1406		LIGGETT, DERR	IGGETT, DERRICK		
	ATION DATE	TELEPHONE NUMBER			
210160	4/2023	(816)969-1700			
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
EB0010581 391.8 ppm
EB0010570 259.8 ppm
EB0010285 209.0 ppm
EB0010561 103.7 ppm
EB0010681 52.22 ppm

RGM Serial No. Concentration
EB0010603 392.5 ppm
EB0010559 258.9 ppm
EB0010562 104.2 ppm
EB0010579 52.94 ppm

CRM Serial No. CC727481 CC727496 Concentration 800.0 ppm 253.0 ppm CRM Serial No. CC727493 CC727498 Concentration 390.0 ppm 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):

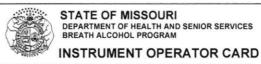
### INTOX EC/IR II

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.

577.025 tillough 677.041, Howe and 666.111 tillough 666			
DATE8/4/2021	Laura a Nay		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 210160			
EXPIRES 8/4/2023	Mal Vines		
	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 air in Missouri.

Operator LIGGETT, DERRICK

Permit No 210160

Date Issued 8/4/2021 Date Expires 8/4/2023

