

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

INTOX EC/IR II	MAINTENANCE	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 and send a copy within 15 days to the Breath Alcohol Program, DHSS.						
INTOX EC/IR II SN 12689	NAME OF AGENCY	lias Dont	DATE OF INSPECTION			
LOCATION OF INSTRUMENT (STREET AND CITY	Lee's Summit Pol	lice Dept	10/03/2022 TIME OF INSPECTION			
10 NE Tudor Rd. Lee's Summit			09:33 CDT			
CHECKLIST: Place a mark in the box	and to be gatiafact		ng within			
established limits. (Write in obse						
before using instrument.		, i dimidi	Tour Tourne made 20	001100000		
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 X PRINT TEST						
X ETH CHECK						
BREATH ANALYZER ACCURACY STANDARDS						
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE						
	IMETER	LOT# AG204606	CO SEPTEMBER IN	DATE 02/15/2	2024	
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	SN	SIM. NIST EXP	DATE		
()						
X CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)						
Run three tests using a stan	dard solution. Al	ll three tests mu	ust be within +5	% of the stand	dard 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						
0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE						
TEST 1 0.077 q/210L	g/210L	210L TEST 3 = 0.077 g/210L				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS 2 004 2	.0509 3	.1014 1	.1519 5	OVER .19	2	
LIST ANY NEW PARTS AND DESCRIBE ANY ALT	ERATION OR MODIFICATION	N THAT WAS MADE TO RE	STORE THE INSTRUMENT	TO OPERATE		
SATISFACTORILY AND WITHIN ESTABLISHED I	IMITS (USE OTHER SIDE)	IF NECESSARY).				
INSPECTING OFFICER						
SIGNATURE (1)		PRINT FULL NAME				
TYPE II PERMET NUMBER IEXPIRATION DATE		LIGGETT, DERRICK				
	ATION DATE 04/2023	(816) 969-1700)			
RETURN COMPLETED REPORT	TO THE:					
ath 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):

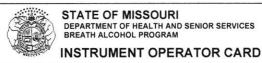
INTOX EC/IR II

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.

5525 timoagn or the tri, the man and beautiful timoagn or the trial	V. 0.7
DATE8/4/2021	Laura & Nay
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 210160	and the first
EXPIRES 8/4/2023	RECTOR 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

