

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

TMTOX ECVIR II				REPOR	RT #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 a		in 15 days to the		ogram, DHSS.	
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION		
12690	BLUE SPRINGS POL	ICE DEPT	10/01/2022		
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION		
1100 SW. SMITH ST BLUE SPRINGS,			12:21 CDT		
CHECKLIST: Place a mark in the box					
established limits. (Write in obser	ved values where de	termined). Unmark	ed items must be o	corrected	
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 CHEC	CK		
X BT TEMP		X CRC CAL CHECK			$\overline{}$
X STD 2 TEMP		X PRINT TEST	D:		_
X ETH CHECK		V TWINT INDI			
BREATH ANALYZER ACCURACY STANDA	RDS				
SIMULATOR SOLUTION		X COMPRESSED ET	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER INTOXI	METERS, INC	LOT# AG029401	EXP.	DATE 10/20/2022	
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	N	SIM. NIST EXP	DATE	
Run three tests using a standard solution. All three tests must be within +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 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 49 0.080 g/210L	TEST 2 3 0.080	g/210L	TEST 3 💝 0.08	0 g/210L	_
INDICATE THE NUMBER OF BREATH T	ESTS IN THE POLLO	WING BANGES SING	P THE IAST MATN	PENANCE DEPORT.	
THE THE THE THE TANK OF THE TANK A	BOID IN IM FORDO	THE KANOBS SINC	E THE DAST PAIN	TENANCE REPORT.	
REFUSALS 4 004 0	.0509 3	.1014 3	.1519 3	OVER .19 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE			STORE THE INSTRUMENT	TO OPERATE	
SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY). MONTHLY MAINTANENCE					
INSPECTING OFFICER	GREET STATE OF THE STATE OF				71 (6)
SIGNATURE 1 +2# 2541		OFC. LITZ			
011011	TION DATE	TELEPHONE NUMBER		- Hulli	
	4/2023	(816) 228-0150	0		
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: 20-Oct-2020

Lot # AG029401 Model 108cacd

Exp. Date 20-Oct-2022 Cyl. Type 108

Component Ethanol

Certified Concentration

Nitrogen

0.082 ± 0.002 BrAC (223 ppm)

Balance

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 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 Date: 2020.10.22 18:57:27 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

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 JORDAN LITZ

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 & Day
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 210161	0.11-1-11
EXPIRES 8/4/2023	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 all in Missouri.

Operator LITZ, JORDAN Permit No 210161

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

