

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 o					
days). Complete this report whenev					
into service. Retain the original		nin 15 days to the	DATE OF INSPECTION	gram, DHSS.	
INTOX EC/IR II SN	NAME OF AGENCY	a TOURORG	01/01/2022		
12694	BELLEFONTAINE NE	EIGHBURS	TIME OF INSPECTION		
LOCATION OF INSTRUMENT (STREET AND CITY			07:43 CST		
9641 Bellefontaine Road Bellefo	_			a within	
CHECKLIST: Place a mark in the box established limits. (Write in obse					
before using instrument.	ived values where de	:cermined). Onmark	ed icems mast be c	Offected	
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			
X BT TEMP		X CRC CAL CHECK	ζ		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STAND	ARDS				· · · · · · · · · · · · · · · · · · ·
SIMULATOR SOLUTION		X COMPRESSED ET	THANOL-GAS MIXTU	RE	1
	IMETERS	LOT# AG028101		DATE 10/07/2	2022
SIMULATOR TEMP (34°C +0.2°C)			ISIM. NIST EXP I		
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	OIA	SIM. NISI EAP I	AIL	
X CALIBRATION CHECK - (ONLY ON	E STANDARD IS TO B	BE USED PER MAINT	ENANCE REPORT)		
Run three tests using a stand	dard solution. Al	l three tests mu	st be within <u>+</u> 59	of the stan	dard value
and must have a spread of .0	05 or less. Mark	the box correspo	onding to the sta	andard soluti	on being
used.					
X 0.10% STANDARD - MUST READ					
0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	ID 0.042% INCLUSI	IVE		
	T	/0		. /	
TEST 1 → 0.098 g/210L	TEST 2 3 0.098	g/210L	TEST 3 🤲 0.098	3 g/210L	
INDICATE THE NUMBER OF BREATH	rests in the follo	WING RANGES SINC	CE THE LAST MAIN	TENANCE REPOR	T:
	<u>, </u>				
REFUSALS 2 004 1	.0509 0	.1014 0	.1519 0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALT SATISFACTORILY AND WITHIN ESTABLISHED L			STORE THE INSTRUMENT	TO OPERATE	
DATIDIACIONIDI AND MITHIN BULADIBUIDO D	IMIIS (OSE OTHER SIDE I	IF NECESSARI).			
JANUARY MAINTENANCE					
SHOME PATTIVE SHOPE					
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME			
> At. Yoh Xami	_ 204	LAUMEIER, JOH	N		
	ATION DATE	TELEPHONE NUMBER			
200170 05/1	.1/2022	(314)867-0080)		
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: 7-Oct-2020

Lot # AG028101 Model 108cacd

Exp. Date 7-Oct-2022 Cyl. Type 108 Component

<u>Certified Concentration</u> 0.100 ± 2% BrAC (272 ppm)

Ethanol Nitrogen

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
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date. 2020.10,09 13:18:27 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Norl Marsola Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



MO 580-0771 (6-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



LAB-4 (R6-10)

PERMIT TYPE II

JOHN J LAUMEIER

	authorized to instruct and supervise ate the following breath analyzer(s):	e operators, train instructors, inspect, calibrate, perform field service and repairs,	
		INTOX EC/IR II	
	termination of the alcoholic content o hrough 577.041, RSMo and 306.111	f blood from a sample of expired air. Permit issued under the provisions of sections through 306.119 RSMo.	
DATE	5/11/2020	unne	
	200170	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY	
EXPIRES	5/11/2022	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES	