

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					
days). Complete this report whenever					
into service. Retain the original a		nin 15 days to the		ogram, DHSS.	
INTOX EC/IR II SN	NAME OF AGENCY	- Danasah	DATE OF INSPECTION		
12697	Foristell Police	е Depart ——————	07/01/2022		
LOCATION OF INSTRUMENT (STREET AND CITY			TIME OF INSPECTION		
30 First Street Foristell, Mo 6		1 1 1	04:58 CDT		
CHECKLIST: Place a mark in the box established limits. (Write in obser				_	
before using instrument.	rved values where de	etermined). Onmar	red items mast be	Joirected	
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 CHE	CV		
X BT TEMP					
		X CRC CAL CHEC	K.		
X STD 2 TEMP		X PRINT TEST			
ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	ARDS				
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER intox:	imeters	LOT# AG102101	EXP.	DATE 01/21/20	023
SIMULATOR TEMP (34°C +0.2°C)	SIM. S	SN	SIM. NIST EXP	DATE	
_					
X CALIBRATION CHECK - (ONLY ON	E STANDARD IS TO F	BE USED PER MAIN	TENANCE REPORT)		
				e of the stand	outest bec
Run three tests using a stand and must have a spread of .00					
used.	, o or robb. Harr	one son corresp.			201119
0.10% STANDARD - MUST READ	BETWEEN 0.095% AN	ND 0.105% INCLUS	IVE		
X 0.08% STANDARD - MUST READ	BETWEEN 0.076% AN	ND 0.084% INCLUS	IVE		
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	ND 0.042% INCLUS	IVE		
TEST 1 0.080 g/210L	TEST 2 0.080	g/210L	TEST 3 0.08	0 g/210L	
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SING	CE THE LAST MAIN	TENANCE REPORT	:
	T		r	T.	
REFUSALS 0 004 1	.0509 0	.1014 1	.1519 1	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTI SATISFACTORILY AND WITHIN ESTABLISHED L	ERATION OR MODIFICATION		STORE THE INSTRUMENT	TO OPERATE	
DATIBLACIONIDI AND WITHIN BUTABBIBIBD B.	EMITS (ODE OTHER BIDE I	II WECESSARI).			
maint check july 1 2022					
INSPECTING OFFICER					
SIGNATURE	790	PRINT FULL NAME			
	ATION DATE	WELSH, ROBERT			
	1/2024	(636)463-2123	3		
RETURN COMPLETED REPORT T					
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: 21-Jan-2021

Lot # AG102101 Model 108cacd

Exp. Date

Cyl. Type

Component

Certified Concentration

21-Jan-2023

108

Ethanol Nitrogen 0.080 ± 0.002 BrAC (218 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: 2021.01.27 18:03:19 -06:00 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

ROBERT W WELSH

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.

DATE 1/14/2020	when
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200062	
EXPIRES 1/14/2022	Jeg Willen
AFT CON MAYOR OF A DO	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

