

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					
days). Complete this report whenever					
into service. Retain the original a	NAME OF AGENCY	hin 15 days to the	Breath Alcohol Pr		
12702	MANCHESTER PD		09/09/2022		
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION		
200 Highlands Blvd Manchester	X		01:57		
CHECKLIST: Place a mark in the box	and to be estimated		ng within		
established limits. (Write in obser					
before using instrument.		order and the second	ned reems made be	Collected	
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK			
		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 STANDA	RDS				
SIMULATOR SOLUTION	X COMPRESSED ETHANOL-GAS MIXTURE				
X STANDARD SUPPLIER INTOXI	IMETERS	LOT# AG202002	EXP. DATE 01/20/2024		2024
SIMULATOR TEMP (34°C +0.2°C)	SIM.	SN	SIM. NIST EXP	DATE	
			The state of the s		
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO I	RE HIGEN DED MATN	TENANCE DEDODEN		
Run three tests using a stand and must have a spread of .00	ard solution. Al	ll three tests mu	ust be within ±5	% of the stand	dard value
used.	J OI 1688. Mark	the box correspo	maing to the st	andard solutio	on being
X 0.10% STANDARD - MUST READ	BETWEEN 0 095% AT	ND 0 105% INCLUS	ਜ਼ਪਾਸ		
0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ					
1					
TEST 1 0.101 g/210L	TEST 2 0.101	g/210L	TEST 3 3 0.10	1 g/210L	
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SINC	LE THE LAST MAIN	TENANCE REPORT	г.
					•
REFUSALS 1 004 0	.0509 0	.1014 2	.1519 0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE	RATION OR MODIFICATION	N THAT WAS MADE TO RE	STORE THE INSTRUMENT	TO OPERATE	
SATISFACTORILY AND WITHIN ESTABLISHED LI	MITS (USE OTHER SIDE)	IF NECESSARY).			
INSPECTING OFFICER					
SIGNATURE VA	100	PRINT FULL NAME			
	5366	TOEDEBUSCH, R	ANDY		
	TION DATE	TELEPHONE NUMBER			
220140 05/11	1/2024	(636)227-1410)		
RETURN COMPLETED REPORT TO	THE:				
		of Health and	Senior Service	20	
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: 24-Jan-2022

Lot # AG202002 Model 108

Exp Date 20-Jan-2024 Cyl. Type 108

Component

Certified Concentration

Ethanol

0.100 ± 2% BrAC (272 ppm)

Nitrogen

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. CC434668 CC234503

Concentration mgg 0.008 253.0 ppm

CRM Serial No. 0056649

0056662

Concentration 390.1 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:01.24.2022 14:25

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 RANDY TOEDEBUSCH

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, 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.

DATE5/11/2022	Lama T. Nay
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 220140	
EXPIRES 5/11/2024	Davla I. Nichelson
MO 580.0771 (C.10)	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 TOEDEBUSCH, RANDY

Permit No 220140

Date Issued 5/11/2022 Date Expires 5/11/2024

