

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  
12833NAME OF AGENCY  
Kearney Police DepartmenDATE OF INSPECTION  
09/03/2022LOCATION OF INSTRUMENT (STREET AND CITY)  
725 W. MO 92 Hwy Kearney, MO 64060TIME OF INSPECTION  
23:38 CDT

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

☒ DIAGNOSTIC RECORD☒ BLANK CHECK☒ CO2 CHECK☒ FC 1 TEMP☒ FLOW CHECK☒ SRC TEMP☒ FCB CHECK☒ DET TEMP☒ CRC COMP CHECK☒ BT TEMP☒ CRC CAL CHECK☒ STD 2 TEMP☒ PRINT TEST☒ ETH CHECK

## BREATH ANALYZER ACCURACY STANDARDS

☐ SIMULATOR SOLUTION☒ COMPRESSED ETHANOL-GAS MIXTURE☒ STANDARD SUPPLIER INTOX

LOT# AG036401

EXP. DATE 12/29/2022

☐ SIMULATOR TEMP (34°C  $\pm$  0.2°C)

SIM. SN

SIM. NIST EXP DATE

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within  $\pm 5\%$  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 0.100 g/210L

TEST 2 0.099 g/210L

TEST 3 0.099 g/210L

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS 2 0-.04 0 .05-.09 0 .10-.14 0 .15-.19 0 OVER .19 0

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

## INSPECTING OFFICER

SIGNATURE

Derick Hager #981

PRINT FULL NAME

HAGER, DERICK

TYPE II PERMIT NUMBER

220129

EXPIRATION DATE

05/11/2024

TELEPHONE NUMBER

( 816 ) 628-3925

## 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:** 4-Jan-2021

**Lot # AG036401 Model 108cacd**

**Exp. Date**

29-Dec-2022

**Cyl. Type**

108

**Component**

Ethanol

Nitrogen

**Certified Concentration**

0.100 ± 2% BrAC (272 ppm)

Balance

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

**RGM Serial No.**

EB0010581

**Concentration**

392.1 ppm

EB0010570

259.8 ppm

EB0010285

208.0 ppm

EB0010561

103.6 ppm

EB0010681

52.12 ppm

**RGM Serial No.**

EB0010603

**Concentration**

393.0 ppm

EB0010559

258.2 ppm

EB0010595

208.3 ppm

EB0010562

104.2 ppm

EB0010579

52.81 ppm

**CRM Serial No.**

CC727481

**Concentration**

800.0 ppm

CC727496

253.0 ppm

**CRM Serial No.**

CC727493

**Concentration**

390.0 ppm

CC727498

150.0 ppm

**Analytical Method:**

NDIR

Digitally signed by Quality Control  
Date: 2021.01.05 14:47:12 -06:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

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

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**PERMIT**  
**TYPE II**  
**DERICK E. HAGER**

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 5/11/2022

NUMBER 220129

EXPIRES 5/11/2024

*Laura G. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David J. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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

**INSTRUMENT OPERATOR CARD**

*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 HAGER, DERICK

Permit No 220129

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

