

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

*****	ma/	-		
INIUX	EC/IR	11	MAINTENANCE	REPORT

REPORT #3

Complete this report at the time days). Complete this report when				
into service. Retain the origin				
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION	N
12838	Cass County SO		05/02/2022	
LOCATION OF INSTRUMENT (STREET AND	CITY)		TIME OF INSPECTION	N
2501 W. Mechanic Harrisonvi			19:50 CDT	
CHECKLIST: Place a mark in the				
established limits. (Write in o	bserved values where d	letermined). Unmar	ked items must be	corrected
before using instrument.				
X DIAGNOSTIC RECORD				
X BLANK CHECK		X CO2 CHECK		
X FC 1 TEMP	WINNER TO THE RESERVE	X FLOW CHECK	· · · · · · · · · · · · · · · · · · ·	
X SRC TEMP		X FCB CHECK	·	
X DET TEMP		X CRC COMP CHE	CK	44
X BT TEMP		X CRC CAL CHEC		444
X STD 2 TEMP		X PRINT TEST		
X ETH CHECK	<u></u>	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
BREATH ANALYZER ACCURACY ST	4 NIDA PDC			
SIMULATOR SOLUTION	MURKUS	COMPRESSED E	THANOL-GAS MIXT	ID B
	M. 2			
	toximeters	LOT# AG116501		. DATE 02/14/2023
SIMULATOR TEMP (34°C ±0.2°	°C) SIM.	SN	SIM. NIST EXP	DATE
X CALIBRATION CHECK - (ONLY	ONE STANDARD IS TO	BE USED PER MAIN	TENANCE REPORT)	
Run three tests using a stand must have a spread of used. X 0.10% STANDARD - MUST RI 0.08% STANDARD - MUST RI 0.04% STANDARD - MUST RI	.005 or less. Mark EAD BETWEEN 0.095% A EAD BETWEEN 0.076% A	the box correspond ND 0.105% INCLUSIND 0.084% INCLUSI	onding to the st IVE IVE	5% of the standard value candard solution being
TEST 1 9 0.101 g/210L	TEST 2 🖘 0.102	g/210L	TEST 3 49 0.10)1 g/210L
INDICATE THE NUMBER OF BREAT	TH TESTS IN THE FOLL	OWING RANGES SINC	E THE LAST MAIN	ITENANCE REPORT:
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 0	OVER .19 1
LIST ANY NEW PARTS AND DESCRIBE ANY			STORE THE INSTRUMENT	T TO OPERATE
SATISFACTORILY AND WITHIN ESTABLISHE	D LIMITS (USE OTHER SIDE	IF NECESSARY).		
INSPECTING OFFICER				
SIGNATURE	7 ~ 2 ~ ~ ~	PRINT FULL NAME		
- Company - Comp	2 # 563	REW, JAMES		
3	PIRATION DATE	TELEPHONE NUMBER	······································	
200255	9/24/2022	(816)380~5200		
RETURN COMPLETED REPORT Breath Alcohol Program, M		of Health and	Senior Service	es

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: 14-Jun-2021

Lot # AG116501 Model 34cacd

Exp. Date 14-Feb-2023 Cyl. Type

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

Nitrogen

Balance

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

RGM Serial No.	Concentration
EB0010581	392.1 ppm
EB0010570	259.8 ppm
EB0010285	208.0 ppm
EB0010561	103.6 ppm
EB0010681	52.12 ppm

Concentration
800.0 ppm
253.0 ppm

RGM Serial No.	<u>Concentration</u>
EB0010603	393.0 ppm
EB0010559	258.2 ppm
EB0010595	208.3 ppm
EB0010562	104.2 ppm
EB0010579	52.81 ppm

CRM Serial No.	Concentration
0056649	390.1 ppm
0056662	150.2 ppm

Analytical Method:

CRM Serial No. CC434668 CC234503

NDIR

Digitally signed by Quality Control Date: 2021.06.15 17:24:15 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

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

JAMES N. REW

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 fro 577.020 through 577.041, RSMo and 306.111 through 3	rm a sample of expired air. Permit issued under the provisions of sections 306.119 RSMo.
•	want
DATE9/24/2020	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200255	fel ville
EXPIRES 9/24/2022	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES



MO 580-0771 (6-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



LAB-4 (R6-10)

PERMIT TYPE II

JAMES N. REW

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.

DATE9/24/2020	win
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200255	
EXPIRES 9/24/2022	FILE OF STREET OF WELL AND STREET
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)