

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

		MAINTENANCE				ORT #3		
Complete this repo	rt at the time of	the regular mont	hly preventive ma	intenance check (not	to exceed 35			
days). Complete th	is report wheneve	r the instrument	is serviced or re	paired 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		NAME OF AGENCY		DATE OF INSPECTION				
12840		Parkville Poli	ce Dept.	03/30/2022				
LOCATION OF INSTRUMEN				TIME OF INSPECTION				
8880 NW Clark Av				23:10 CDT				
				actory or is operati				
established limits. (Write in observed values where determined). Unmarked items must be corrected								
before using instr								
X DIAGNOSTIC REC	ORD							
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 C	HECK				
X BT TEMP			X CRC CAL CH	X CRC CAL CHECK				
X STD 2 TEMP				X PRINT TEST				
			LA					
X ETH CHECK								
BREATH ANALYZER		RDS						
SIMULATOR SC				ETHANOL-GAS MIXTU				
X STANDARD SUPPL	X STANDARD SUPPLIER Intoximeter			EXP.	EXP. DATE 03/17/2023			
SIMULATOR TEMP	(34°C <u>+</u> 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 +5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used.  X 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 🖙 0.102	g/210L	TEST 2 5 0.102 g/210L		TEST 3 🖙 0.10	TEST 3 © 0.102 g/210L			
				INCE THE LAST MAIN	TENANCE REPORT:			
INDICATE THE NUM	LEAL OF DREMIN 1	LICE THE PUBLICATION	LEGITATO LEMED D	mile mile				
REFUSALS 0	004 0	.0509 1	.1014 0	.1519 1	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).  Maintenance check passed according to DHSS regulations.								
	- March							
INSPECTING OFFIC	JEK		PRINT FULL NAME					
SIGNATURE CL J. M. M. #106				Ethan J. McMillen				
TYPE II PERMIT NUMBE	I KATATI TO C	TION DATE	TELEPHONE NUMBE					
210106		8/2023	(816)741-4					
		O BUE.						
RETURN COMPLE								
Breath Alcohol Program, Missouri Department of Health and Senior Services,								
hy mail fay	or o-mail							

# **Airgas**

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: 17-Mar-2021

Lot # AG107601 Model 108cacd

Exp. Date 17-Mar-2023 Cyl. Type

Component Ethanol

**Certified Concentration** 

Nitrogen

0.100 ± 2% BrAC (272 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
GC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

**Analytical Method:** 

NDIR

Approved for Release:

Rock Me

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



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#### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES: BREATH ALCOHOL PROGRAM



(LAB:4 (PO:19)

## ETHAN MCMILLEN

is hereby authorized to instruct and supervise operators, train instructors, inspect; calibrate, perform field service and repairs, and operate the lollowing breath analyzer(s); INTOX EC/IR II for the determination of the alocholic content of blood from a sample of expired air Permit issued under the provisions of sections. 577.026 through 577.044, RSMo and 306,111 through 306,119 RSMo. 5/18/2021 DATE \_\_ NUMBER 210106 EXPINES 5/18/2023

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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

INSTRUMENT OPERATOR CARD

The named caminoider is sufficient to operate an evidential breath absolut Instrument for the determination of the sicoholic content in breath form of expir

MCMILLEN, ETHAN Operator

Permit No 210106

Date Expires 5/18/2023

