

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	and send a copy within 15 days to the		Breath Alcohol Pr	ogram, DHSS.	
12842	NAME OF AGENCY				
LOCATION OF INSTRUMENT (STREET AND CITY)	ST CHARLES POLICE DEPT		12/17/2022 TIME OF INSPECTION		
1781 ZUMBEHL RD ST CHARLES			03:30 CST		
CHECKLIST: Place a mark in the box by each item if found		nd to be satisfact		og within	
established limits. (Write in obser					
before using instrument.					
X DIAGNOSTIC RECORD					
X BLANK CHECK X CO2					
Land Land		X FLOW CHECK		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
X SRC TEMP		X FCB CHECK			
X DET TEMP	W-1000	X CRC COMP CHECK			
X BT TEMP					
		X CRC CAL CHEC	ICK		
X STD 2 TEMP	<u></u>	X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	RDS				
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER INTOX:	METERS	LOT# AG207502	EXP.	DATE 03/16/2	024
SIMULATOR TEMP (34°C +0.2°C)	SIM. S	N	SIM. NIST EXP	DATE	
-					
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO B	E USED PER MAINT	PENANCE REPORT)		
Run three tests using a stand and must have a spread of .00					
used.					
X 0.10% STANDARD - MUST READ					
0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	D 0.042% INCLUSE	IVE		
MEGM 1 3: 0 000 -/0101	man o se o ooo	- /0107	T 0		
TEST 1 0.098 g/210L	TEST 2 70 0.098		TEST 3 = 0.09		
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SINC	CE THE LAST MAIN	FENANCE REPORT	! :
REFUSALS 0 004 5	0500 1	10-14 2	1 15 10 1	OTTEN 10	*
	.0509 1	.1014 2	.1519 1	OVER .19	4
LIST ANY NEW PARTS AND DESCRIBE ANY ALTS SATISFACTORILY AND WITHIN ESTABLISHED LI	MITS (USE OTHER SIDE I	F NECESSARY).	STORE THE INSTRUMENT	TO OPERATE	
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME			<u> </u>
- Post of a se	397	ENZ, KENNETH			
TYPE I PERMIT NUMBER EXPIRA	TION DATE	TELEPHONE NUMBER		· · · · · · · · · · · · · · · · · · ·	
210120 06/0	4/2023	(636)949-3300)		
RETURN COMPLETED REPORT T					
		of Woolling - 1	gandan garret		•
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) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Customer Name Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Test Date: 17-Mar-2022

Lot # AG207502 Model 108

Exp Date 16-Mar-2024 Cyl. Type 108 Component Ethanol

Nitrogen

Certified Concentration 0.100 ± 2% BrAC (272 ppm)

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570 259.8 ppm EB0010285 209.0 ppm	EB0010559	258.9 ppm	
EB0010561	103.7 ppm	EB0010562 EB0010579	104.2 ppm 52.94 ppm
EB0010681	52.22 ppm		, bbiii

CRM Serial No. CC727481 CC727496	Concentration 800.0 ppm 253.0 ppm	CRM Serial No.	Concentration
		CC727493 CC727498	390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Alrgas USA LLC (Lab) Date:03.18.2022 13:45

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 KENNETH ENZ

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.

DATE	6/4/2021	when		
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER	210120			
EXPIRES	6/4/2023	Kal Muje		
		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 ENZ, KENNETH Permit No 210120

Date Issued 6/4/2021 Date Expires 6/4/2023

