

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 wit. Name of agency	nin 15 days to the	DATE OF INSPECTION		
13051	Creve Coeur Pol	ice Dent	05/30/2022	J.V	
LOCATION OF INSTRUMENT (STREET AND CITY	1	тее вере.	TIME OF INSPECTION	N.	
350 N. New Ballas Rd. Creve Coe			09:43 CDT	,,,,	
CHECKLIST: Place a mark in the box		und to be satisfac		ing within	
established limits. (Write in obser	=		-		
before using instrument.					
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP		X FLOW CHECK			
X SRC TEMP		X FCB CHECK			
		X CRC COMP CHE	2CV		
X DET TEMP					
X BT TEMP		X CRC CAL CHEC	:K		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	RDS				
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXT	URE	
X STANDARD SUPPLIER INTOX	METERS	LOT# AG027403	EXP	. DATE 09/30/	2022
SIMULATOR TEMP (34°C +0.2°C)	SIM. S	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 0.101 g/210L	TEST 2 0.100	g/210L	TEST 3 0.1	00 q/210L	
INDICATE THE NUMBER OF BREATH T	POTO IN THE POLLO	WING PANCES SIN			· rp •
INDICATE THE NUMBER OF BREATH I	BDID IN IND TODDO	MING MINGED DIN		TELLIZION NELLON	•
REFUSALS 0 004 2	.0509 1	.1014 0	.1519 1	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE	RATION OR MODIFICATION	THAT WAS MADE TO RE		T TO OPERATE	
SATISFACTORILY AND WITHIN ESTABLISHED LI	MITS (USE OTHER SIDE 1	(F NECESSARY).			
INSPECTING OFFICER					
		PRINT FULL NAME			
- La Mant Sactor 89		DEUTMAN, MICH	AEL		
	FION DATE	TELEPHONE NUMBER (314)432-8000)		
220083 03/10	0/404	(314 / 432-0000	,		
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: 1-Oct-2020

Lot # AG027403 Model 108cacd

Exp. Date 30-Sep-2022 Cyl. Type 108

Component Ethanol

Certified Concentration

 $0.100 \pm 2\%$ BrAC (272 ppm)

150.2 ppm

Nitrogen

0056662

Balance

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

RGM Serial No.	<u>Concentration</u>	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.	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm

Analytical Method:

CC234503

NDIR

253.0 ppm

Digitally signed by Quality Control Date: 2020.10.02 12:22:16 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

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



PERMIT TYPE II

MICHAEL T. DEUTMAN

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.

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DATE3/16/2022	Laura G. Nay"
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 220083	
EXPIRES 3/16/2024	Daves I. Nichelson
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
AD 600 0774 (6 40)	LAD 4 (DC 4A)

LAB-4 (R6-10)

