

# MISSOURI DEPARTMENT OF HEALTH AND STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM RECEIVED By Tracy Crews

## RECEIVED By Tracy Crews at 7:57 am, Jul 31, 2024

INTOX EC/IR II	MAINTENANCE	REPORT			REPORT #3	
Complete this report at the time of		<del></del>				
days). Complete this report whenever		<del>-</del>		***		
into service. Retain the original a INTOX EC/IR II SN	and send a copy with	nin 15 days to the	Breath Alcohol Pr			
12672	BALLWIN POLICE	næpr	07/21/2024			
LOCATION OF INSTRUMENT (STREET AND CITY		DDI I.	TIME OF INSPECTION			
302 KEHRS MILL RD BALLWIN	,		06:21 CDT	,		
CHECKLIST: Place a mark in the box	by each item if for	ind to be satisfact	<u> </u>	ng 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 DET TEMP		X CRC COMP CHE	CK			
X BT TEMP						
X STD 2 TEMP		X PRINT TEST				
X ETH CHECK		A I KINI I III II			· · · · · · · · · · · · · · · · · · ·	
	N D D C					
BREATH ANALYZER ACCURACY STANDA	- INDS	COMPRESSED FO	TITANOT CAC MIVE	ID IS		
SIMULATOR SOLUTION	71477777		THANOL-GAS MIXTU		2005	
	IMETERS	LOT# AG305102		DATE 02/20/2	2025 	
SIMULATOR TEMP (34°C ±0.2°C)	SIM.	SN	SIM. NIST EXP	DATE		
X CALIBRATION CHECK - (ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	dard solution. And the solution of the solutio	the box correspond 0.105% INCLUS:	ust be within ±5 onding to the st IVE IVE			
			• •			
TEST 1 0.100 g/210L	TEST 2 0.100	g/210L	TEST 3 - 0.09	9 g/210L		
INDICATE THE NUMBER OF BREATH	PESTS IN THE FOLL	OWING RANGES SINC	E THE LAST MAIN	TENANCE REPOR	Γ:	
REFUSALS 1 004 5	.0509 0	.1014 0	.1519 0	OVER .19	0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALT			STORE THE INSTRUMENT	TO OPERATE		
SATISFACTORILY AND WITHIN ESTABLISHED L	IMIIS (USE OTHER SIDE	IF NECESSARI).				
INSPECTING OFFICER						
SIGNATURE A		PRINT FULL NAME				
Type II PERMIT NOMBER LEXPLE	APPION DATE	LEROY BEARD				
	1/2025	(636)227-9636	5			
	·					
RETURN COMPLETED REPORT T						
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: 20-Feb-2023

Lot # AG305102 Model 108

Exp Date 20-Feb-2025 Cyl. Type 108

Component

**Certified Concentration** 

Ethanol

Nitrogen

 $0.100 \pm 2\%$  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	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

**CRM Serial No.** 

Concentration

CRM Serial No.

Concentration

CC727481

800.0 ppm

CC727493

390.0 ppm

CC727496

253.0 ppm

CC727498

150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:02.20.2023 17:37

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 LEROY BEARD

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. Mike Masson 7/21/2023 DATE \_\_\_ DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 230146

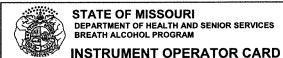
EXPIRES 7/21/2025

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

Davea J. Michelson

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 BEARD, LEROY Permit No 230146

Date Issued 7/21/2023

Date Expires 7/21/2025

