

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

#### INTOX EC/IR II MAINTENANCE REPORT

PEDODE #3

THIOA EC/IR II	. MAINIENANCE I	REPURI	REPORT #:
Complete this report at the time of			
days). Complete this report whenever			
into service. Retain the original		in 15 days to the	
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION
12672	BALLWIN POLICE D	EPT.	08/23/2024
LOCATION OF INSTRUMENT (STREET AND CITY	")		TIME OF INSPECTION
302 KEHRS MILL RD BALLWIN	, ,	4	18:59 CDT
CHECKLIST: Place a mark in the box	by each item if four	nd to be satisfor	ry or is operating within
established limits. (Write in obse			d items must be corrected
before using instrument.		27,	
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 C	K
X BT TEMP		X CRC CAL CH	
X STD 2 TEMP		T DD THE DECEM	
X ETH CHECK			
BREATH ANALYZER ACCURACY STAND	APNC	X COMP.	
SIMULATOR SOLUTION	nau u	X COMP IN THE SE	THANOL-GAS MIXTURE
	IMETERS	X COMP	EXP. DATE 02/20/2025
SIMULATOR TEMP (34°C +0.2°C)			SIM. NIST EXP DATE
LISTMODATOR TEMP (54°C ±0.2°C)	SIM. S.		SIM. NIST EXP DATE
		<b></b>	ENANCE REPORT)  St be within +5% of the standard value
X CALIBRATION CHECK - (ONLY ON	E STANDARD IS TO B	E USED	NANCE REPORT)
Run three tests using a stan	dard solution. All	l three tests m	st be within +5% of the standard value
	05 or less. Mark	the box correspo	onding to the standard solution being
used.			
X 0.10% STANDARD - MUST READ			
0.08% STANDARD - MUST READ			
0.04% STANDARD - MUST READ	BETWEEN 0.038% AND	D 0.042% INCLUS	(VE
TEST 1 0.100 g/210L	TEST 2 0.099	g/210L	TEST 3 > 0.099 q/210L
INDICATE THE NUMBER OF BREATH	TESTS IN THE POLLO	NTNG PANGES STNO	THE LAST MAINTENANCE REPORT:
		WING MINGED DING	,a ina anoi minimon maioni.
REFUSALS 0 004 0	.0509 0	.1014 1	.1519 0 OVER .19 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALT SATISFACTORILY AND WITHIN ESTABLISHED I	ERATION OR MODIFICATION		STORE THE INSTRUMENT TO OPERATE
SATISTICIONISI IND WITHIN SOTRESIONIS L	IMITO (ODE OTHER DIDE I	NECESSARI).	
INSPECTING OFFICER			
SIGNATURE		PRINT FULL NAME	
▶ P.O. 27/Bend +325	,	LEROY J BEARD	
, , , , , , , , , , , , , , , , , , , ,	ATION DATE	TELEPHONE NUMBER	
1 220146 107/	1 /2025		-
230146 07/2	21/2025	(636)227-9636	5
RETURN COMPLETED REPORT 1			5
	O THE:	(636)227-9636	



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

Cyl. Type

Component

**Certified Concentration** 

20-Feb-2025 108

Ethanol

0.100 ± 2% BrAC (272 ppm)

Nitrogen

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

 RGM Serial No.
 Concentration
 RGM

 EB0010581
 391.8 ppm
 EB0

 EB0010570
 259.8 ppm
 EB0

 EB0010285
 209.0 ppm
 EB0

 EB0010561
 103.7 ppm
 EB0

 EB0010681
 52.22 ppm

RGM Serial No. Concentration
EB0010603 392.5 ppm
EB0010559 258.9 ppm
EB0010562 104.2 ppm
EB0010579 52.94 ppm

CRM Serial No. CC727481

Concentration 800.0 ppm 253.0 ppm CRM Serial No. CC727493

Concentration

CC727498

390.0 ppm 150.0 ppm

Analytical Method: NDIR

CC727496

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		
DATE	7/21/2023	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY	-	
NUMBER	230146			
EXPIRES 7/21/2025	7/21/2025	Daves I. Nichelson	_	
		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 BEARD, LEROY
Permit No. 230146

Date Issued 7/21/2023 Date Expires 7/21/2025

