

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

INTOX EC/IR II	MAINTENANCE	REPORT			REPORT #3
Complete this report at the time of	~	• •			
days). Complete this report whenever		-		=	
into service. Retain the original		in 15 days to the		ogram, DHSS.	
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION		
12672	BALĻWIN POLICE I	DEPT.	11/02/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION		
302 KEHRS MILL RD BALLWIN			08:34 CDT		
CHECKLIST: Place a mark in the box established limits. (Write in obse	=		= =	_	
before using instrument.	rved values where de	ecermined). Officials	ted Items must be	corrected	
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 CH		CK			
X BT TEMP X CRC CAL CHE		X CRC CAL CHECK	ĽK		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	ARDS	· · · · · · · · · · · · · · · · · · ·			
SIMULATOR SOLUTION		X COMPRESSED ET	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER INTOX	LOT# AG305102				
			SIM. NIST EXP		
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	DIN DIN	SIM. NIST EXP.	DAIE	
X CALIBRATION CHECK - (ONLY ON)	E STANDARD IS TO E	BE USED PER MAINT	TENANCE REPORT)		
Run three tests using a stand	dard solution. Al	ll three tests mu	st be within ±5	% of the standa	rd value
and must have a spread of .00	05 or less. Mark	the box correspo	onding to the st	andard solution	. being
used.					
X 0.10% STANDARD - MUST READ					
0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE					
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	ND 0.042% INCLUSI	[VE		
mpcm 1 32 0 100 c/010T	mmcm 0 384 0 100	~/2101	mmom 2 350 0 10	0 ~/2101	
TEST 1 3 0.100 g/210L	TEST 2 3 0.100	g/210L	TEST 3 🚟 0.10	о g/210L	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
	T			T	
REFUSALS 0 004 30	.0509 0	.1014 1	.1519 0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALT: SATISFACTORILY AND WITHIN ESTABLISHED L	ERATION OR MODIFICATION		STORE THE INSTRUMENT	TO OPERATE	
DATIONACIONIEI AND WITHIN EDIMORIONED E.	INIID (ODD OTHER DEDE .	ii wacabbinti,.			
	*				
INSPECTING OFFICER					
SIGNATURE	·	PRINT FULL NAME			
▶ P.O. Jehn/ Beard #3	· ·	LEROY J BEARD			
	ATION DATE	TELEPHONE NUMBER	_		
230146 07/2	1/2025	(636)227-9636			
RETURN COMPLETED REPORT T	O THE:	:			
Breath Alcohol Program, Miss		of Health and	Senior Service	es,	
by mail, fax, or e-mail					
with rank of chart					



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 Ethanol

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

Nitrogen

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

RGM Serial No. Concentration EB0010581 391.8 ppm EB0010570 259.8 ppm EB0010285 209.0 ppm 103.7 ppm EB0010561 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 mag 0.008

CRM Serial No. CC727493

Concentration

CC727496

253.0 ppm

CC727498

390.0 ppm 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:

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

		ie of expired air. Permit issued under the provisions of section.
5/7.020	through 577.041, RSMo and 306.111 through 306.119 R	Mile Masson
DATE	7/21/2023	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	230146	Davla I. Nichelson
EXPIRES	7/21/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

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.

BEARD, LEROY Operator

Permit No 230146

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

