

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

INTOX EC/IR II				REPORT #
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35				
days). Complete this report wheneve				
	ginal and send a copy within 15 days to the			
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION	
12672	BALLWIN POLICE DEPT.		12/05/2024	
LOCATION OF INSTRUMENT (STREET AND CITY)		,	TIME OF INSPECTION	
302 KEHRS MILL RD BALLWIN			06:49 CST	
CHECKLIST: Place a mark in the box	by each item if four	nd to be satisfact	tory or is operati	ng within
established limits. (Write in obser	ved values where de	termined). Unmarl	ked items must be	corrected
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		
			CRC COMP CHECK	
X BT TEMP				
		X CRC CAL CHECK		
X STD 2 TEMP X PRINT TEST				
X ETH CHECK				
BREATH ANALYZER ACCURACY STANDA	RDS			
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE				RE
X STANDARD SUPPLIER INTOXIMETERS		LOT# AG305102 EXP. DATE 02/20/2025		
SIMULATOR TEMP (34°C +0.2°C) SIM.			ISIM. NIST EXP DATE	
LISTMODATOR TEMP (34°C +0.2°C)	DIM. D	DIA	SIM. NISI EAP	DAIE
X 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% AN	D 0.105% INCLUS	IVE	
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 ** 0.100 g/210L TEST 2 ** 0.100		g/210L	TEST 3 = 0.100 g/210L	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINT			TENANCE PEPOPT.	
		William Dilli		
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 2	OVER .19 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE				-
SATISFACTORILY AND WITHIN ESTABLISHED LI			BIONE THE INDINGREEN	TO OTBIAND
INSPECTING OFFICER				
SIGNATURE		PRINT FULL NAME		
▶ P.O. Jet/ Spane #36	1	LEROY J BEARD)	
	TION DATE	TELEPHONE NUMBER		
230140	1/2025	(636)227-9636	•	
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: 20-Feb-2023

Lot # AG305102 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

20-Feb-2025

108

Ethanol

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

Nitrogen

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

RGM Serial No.

Concentration

RGM Serial No.

Concentration

EB0010581 EB0010570

391.8 ppm 259.8 ppm

EB0010603 EB0010559 392.5 ppm

EB0010285

209.0 ppm

EB0010562

258.9 ppm

EB0010561

104.2 ppm

EB0010681

103.7 ppm 52.22 ppm EB0010579

52.94 ppm

CRM Serial No.

Concentration

CRM Serial No.

Concentration

CC727481 CC727496 mqq 0.008 253.0 ppm CC727493 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

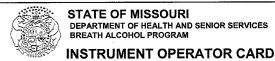
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo. Mile Massur DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 230146 Davea J. Michaelson

MO 580-0771 (6-10)

EXPIRES 7/21/2025

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 ai

Operator BEARD, LEROY

Permit No 230146

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

