

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

INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

	or the regular monthly breventive	e maintenance check (not to exceed 35		
		r repaired and whenever it is placed		
	and send a copy within 15 days t	to the Breath Alcohol Program, DHSS.		
INTOX EC/IR II SN	NAME OF AGENCY	DATE OF INSPECTION		
12673	KIRKWOOD	05/06/2024		
LOCATION OF INSTRUMENT (STREET AND CI	TY)	TIME OF INSPECTION		
131 W. Madison Kirkwood		11:46 CDT		
	ox by each item if found to be sat			
	served values where determined).	Unmarked items must be corrected		
before using instrument.				
X DIAGNOSTIC RECORD				
X BLANK CHECK	X CO2 CHE			
X FC 1 TEMP	X FLOW CH			
X SRC TEMP	X FCB CHE	CK		
X DET TEMP	X CRC COM	P CHECK		
X BT TEMP	X CRC CAL	CHECK		
X STD 2 TEMP	X PRINT T	EST		
X ETH CHECK				
BREATH ANALYZER ACCURACY STAN	DARDS			
SIMULATOR SOLUTION		SED ETHANOL-GAS MIXTURE		
SIMULATOR TEMP (34°C +0.2°C				
LISTMODATOR TEMP (34°C ±0.2°C	Sim. sn	SIM. NIST EXP DATE		
X CALIBRATION CHECK - (ONLY C	NE STANDARD IS TO BE USED PER	MAINTENANCE REPORT)		
Run three tests using a standard solution. All three tests must be within $\pm 5\%$ of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used.				
	D BETWEEN 0.095% AND 0.105% I	NOT LICEUTE		
	D BETWEEN 0.076% AND 0.105% I. D BETWEEN 0.076% AND 0.084% I			
0.00% STANDARD - MIST REA	D BETWEEN 0.076% AND 0.084% I. D BETWEEN 0.038% AND 0.042% I	NCTIGIAE		
LIGHT STREET FIRST REAL	D DD1111DDN 0.030% AND 0.042% 1.	NCHOSIVE		
TEST 1 0.097 g/210L	TEST 2 🕾 0.098 g/210L	TEST 3 3 0.098 g/210L		
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLLOWING RANGE	S SINCE THE LAST MAINTENANCE REPORT:		
REFUSALS 0 004 6	.0509 1 .1014	0 .1519 1 OVER .19 1		
LIST ANY NEW PARTS AND DESCRIBE ANY A	LTERATION OR MODIFICATION THAT WAS MAD	0 .1519 1 OVER .19 1 DE TO RESTORE THE INSTRUMENT TO OPERATE		
LIST ANY NEW PARTS AND DESCRIBE ANY A	}	_		
LIST ANY NEW PARTS AND DESCRIBE ANY A	LTERATION OR MODIFICATION THAT WAS MAD	_		
LIST ANY NEW PARTS AND DESCRIBE ANY A	LTERATION OR MODIFICATION THAT WAS MAD	_		
LIST ANY NEW PARTS AND DESCRIBE ANY A	LTERATION OR MODIFICATION THAT WAS MAD	_		
LIST ANY NEW PARTS AND DESCRIBE ANY A SATISFACTORILY AND WITHIN ESTABLISHED	LTERATION OR MODIFICATION THAT WAS MAD	_		
LIST ANY NEW PARTS AND DESCRIBE ANY A SATISFACTORILY AND WITHIN ESTABLISHED INSPECTING OFFICER	LTERATION OR MODIFICATION THAT WAS MAD LIMITS (USE OTHER SIDE IF NECESSARY).	DE TO RESTORE THE INSTRUMENT TO OPERATE		
LIST ANY NEW PARTS AND DESCRIBE ANY A SATISFACTORILY AND WITHIN ESTABLISHED	LTERATION OR MODIFICATION THAT WAS MAD LIMITS (USE OTHER SIDE IF NECESSARY).	DE TO RESTORE THE INSTRUMENT TO OPERATE		
LIST ANY NEW PARTS AND DESCRIBE ANY A SATISFACTORILY AND WITHIN ESTABLISHED INSPECTING OFFICER SIGNATURE	LTERATION OR MODIFICATION THAT WAS MAD LIMITS (USE OTHER SIDE IF NECESSARY). PRINT FULL NO OBRIEN	DE TO RESTORE THE INSTRUMENT TO OPERATE		
LIST ANY NEW PARTS AND DESCRIBE ANY A SATISFACTORILY AND WITHIN ESTABLISHED INSPECTING OFFICER SIGNATURE TYPE IT FERMIT NUMBER EXP	LIBRATION OR MODIFICATION THAT WAS MAD LIMITS (USE OTHER SIDE IF NECESSARY). PRINT FULL NO OBRIEN RATION DATE TELEPHONE NO	NAME		
LIST ANY NEW PARTS AND DESCRIBE ANY A SATISFACTORILY AND WITHIN ESTABLISHED INSPECTING OFFICER SIGNATURE TYPE I PERMIT NUMBER EXP 230253	PRINT FULL NO OBRIEN (14/2025 (314)82:	NAME		
LIST ANY NEW PARTS AND DESCRIBE ANY A SATISFACTORILY AND WITHIN ESTABLISHED INSPECTING OFFICER SIGNATURE TYPE IT FERMIT NUMBER 230253 RETURN COMPLETED REPORT	PRINT FULL NO OBRIEN TRATION DATE TO THE:	VAME 2-5858		
LIST ANY NEW PARTS AND DESCRIBE ANY A SATISFACTORILY AND WITHIN ESTABLISHED INSPECTING OFFICER SIGNATURE TYPE VI PERMIT NUMBER 230253 RETURN COMPLETED REPORT	PRINT FULL NO OBRIEN (14/2025 (314)82:	VAME 2-5858		



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: 13-Mar-2023

Lot # AG306807 **Model** 108

Exp DateCyl. TypeComponentCertified Concentration9-Mar-2025108Ethanol0.100 ± 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	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

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

THOMAS W. O'BRIEN

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.

577.020 through 577.041, RSMo and 306.111 through 306.119 RSMi	Mike Massur
DATE11/14/2023	
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230253	
EXPIRES 11/14/2025	Davla J. 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 O'BRIEN, THOMAS

Permit No 230253

