

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

INTOX EC/IR II MAINTENANCE REPORT

	I MAINIENANCE				REPORT #3	
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35						
days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed						
into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.						
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION			
12673	KIRKWOOD		06/04/2024			
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION				
131 W. Madison Kirkwood			19:24 CDT			
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within						
established limits. (Write in observed values where determined). Unmarked 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				
X DET TEMP			ATT.			
		X CRC COMP CHE				
X BT TEMP		X CRC CAL CHEC	K			
X STD 2 TEMP		X PRINT TEST				
X ETH CHECK						
BREATH ANALYZER ACCURACY STAN	DARDS					
SIMULATOR SOLUTION		COMPRESSED E	THANOL-GAS MIXTU	DF		
	XIMETERS					
l limit		LOT# ag306807		DATE 03/09/	2025	
SIMULATOR TEMP (34°C ±0.2°C	SIM. S	SN	SIM. NIST EXP	DATE		
X CALIBRATION CHECK - (ONLY O	NE STANDARD IS TO I	BE USED PER MAIN	TENANCE REPORT)			
Run three tests using a sta	ndard solution A	ll three tests m	ust he within :E	e of the atom	dand malue	
and must have a spread of .	005 or less. Mark	the box correspo	onding to the st	. Of the Stan andard soluti	on heing	
used.		one won oouropp.	onding to the be	andara boraci	on being	
X 0.10% STANDARD - MUST REA	D BETWEEN 0.095% AN	ND 0.105% TNCLUS	TVE			
0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE						
LICHODIVE						
TEST 1 0.098 g/210L	TEST 2 0.098	g/210L	TEST 3 3 0.09	8 g/210T		
		_			·	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS 0 004 0	1 05 00 0	1 10 14 0	I	T		
" " " " " " " " " " " " " " " " " "	.0509 0	.1014 0	.1519 1	OVER .19	0	
LIST ANY NEW PARTS AND DESCRIBE ANY A SATISFACTORILY AND WITHIN ESTABLISHED	LIMITS (USE OTHER SIDE	N THAT WAS MADE TO RE IF NECESSARY).	STORE THE INSTRUMENT	TO OPERATE		
		· · · · · · · · · · · · · · · · · · ·				
·						
INSPECTING OFFICER						
SIGNATURE	7.5	PRINT FULL NAME				
► Last Got	367	HANCE, MICHAE	L			
(RATION DATE	TELEPHONE NUMBER				
230216	06/2025	(314)822-5858	3			
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: 13-Mar-2023

Lot # AG306807 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

9-Mar-2025 108 Ethanol

Nitrogen

0.100 ± 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. CC727481

Concentration 800.0 ppm 253.0 ppm

CRM Serial No.

Concentration

CC727493 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:03.16,2023 13:02

Approved for Release:

Roll Marsola

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

MICHAEL A. HANCE

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 sar 577.020 through 577.041, RSMo and 306.111 through 306.119	nple of expired air. Permit issued under the provisions of sections
DATE10/6/2023	Mike Massur
DATE TWO/ZUZS	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230216	Daves J. Nichelson
EXPIRES 10/6/2025	
	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 ain Missouri.

Operator HANCE, MICHAEL

ermit No 230216 ate Issued 10/6/2023 Date Expires 10/6/2025

