

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 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		in is days to the				
·	NAME OF AGENCY		DATE OF INSPEC	CTION		
12673	KIRKWOOD		08/12/2024			
LOCATION OF INSTRUMENT (STREET AND CIT	Y)		TIME OF INSPECTION			
131 W. Madison Kirkwood			09:43 CDT			
CHECKITST: Place a mark in the bo		wating within				
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						
	erved varues where de	termined). Unmark	ted items must	be corrected		
before using instrument.						
X DIAGNOSTIC RECORD						
X BLANK CHECK		X CO2 CHECK	4			
X FC 1 TEMP		X FLOW CHECK	024			
X SRC TEMP			- 50			
		X FCB CHECK	~			
X DET TEMP		X CRC COMP CHEC	CK 2			
X BT TEMP		X CRC CAL CHECK	× bn			
X STD 2 TEMP		X PRINT TEST	A P			
X ETH CHECK						
			am,			
BREATH ANALYZER ACCURACY STAN	DARDS					
SIMULATOR SOLUTION		X COMPRESSED E	rhanol-g <mark>%</mark> m	IXTURE		
X STANDARD SUPPLIER INTO	XIMETERS	LOT# ag306807		EXP. DATE 03/09/2025		
SIMULATOR TEMP (34°C +0.2°C		-		EXP DATE		
	/ SIM. 8	OIA		EXP DATE		
			TEN A ROP OF			
X CALIBRATION CHECK - (ONLY O	NE STANDARD IS TO B	E USED PER MAINT	ENA POPO	RT)		
			W 5			
Run three tests using a star			ıst Sw S hir	1 ± 5 % of the standard value		
and must have a spread of .	005 or less. Mark	the box correspo	CENCE TELEPOOR	e standard solution being		
used.			a H			
X 0.10% STANDARD - MUST REA	BETWEEN 0.095% AN	D 0.105% INCLUS				
0.08% STANDARD - MUST REA	D BETWEEN 0.076% AN	D 0.084% INCLUS				
0.04% STANDARD - MUST REA						
0.040 BIANDARD - NOBI KEA	D BEIWEEN U.U30% AN	D 0.042% INCLOSE	LVE			
TEST 1 0.098 g/210L	TEST 2 🖙 0.098	~/210T	mnom o	0.000 -/0107		
-				0.097 g/210L		
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLLO	WING RANGES SINC	E THE LAST N	MAINTENANCE REPORT:		
REFUSALS 0 004 10	.0509 0	.1014 0		O OVER .19 1		
LIST ANY NEW PARTS AND DESCRIBE ANY AL	TERATION OR MODIFICATION	THAT WAS MADE TO RE	STORE THE INSTR	UMENT TO OPERATE		
SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).						
INSPECTING OFFICER						
SIGNATURE		PRINT FULL NAME				
- 16 10 10 X	<i>≥</i> 302	O'BRIEN, THOM	7A C	ļ		
TYPE II PERMIT NUMBER TEXPT	RATION DATE	•	AD			
	14/2025	TELEPHONE NUMBER				
	T=/4043	(314)822-5858				
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 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

