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MISSOURI DEPARTMENT OF HEALTH AND By Tracy Crews at 9:35 am, Aug 09, 2024 STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

INTOX EC/IR II	MAINTENANCE F	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	NAME OF AGENCY		DATE OF INSPECTION		
12674	St. Peters		08/06/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION			
1020 Grand Teton St. Peters		11:41 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 X CRC COMP CHEC			ŽK		
X BT TEMP X CRC CAL CHEC			K		
X STD 2 TEMP X PRINT TEST					
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	ARDS				
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE					
X STANDARD SUPPLIER INTOXIMETERS LOT# AG30590			EXP. DATE 02/28/2025		
SIMULATOR TEMP (34°C +0.2°C)	SIM. S		SIM. NIST EXP		
(34 C 40.2 C)	Jam. 5	, , , , , , , , , , , , , , , , , , ,	DIM: NIDI DAI	DAIL	
(CANADA)					
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 $\pm 5\%$ of the standard value					
and must have a spread of .005 or less. Mark the box corresponding to the standard solution being					
used.					
X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE					
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 MAINTENANCE REPORT:					
	1	****	1	1	
REFUSALS 0 004 15	.0509 0	.1014 7	.1519 3	OVER .19	1
LIST ANY NEW PARTS AND DESCRIBE ANY ALT SATISFACTORILY AND WITHIN ESTABLISHED L			STORE THE INSTRUMENT	TO OPERATE	
INSPECTING OFFICER			Carphagonal Book Barrie		经生物工程工程
		PRINT FULL NAME			
D III		Turnbough			
1 1	ATION DATE	TELEPHONE NUMBER (636)278-2222	>		
		(030) 270-2222	<u> </u>		
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: 28-Feb-2023

Lot # AG305902 Model 108

Exp Date 28-Feb-2025

Cyl. Type 108 Component Ethanol

Ethanol Nitrogen Certified Concentration

0.100 ± 2% BrAC (272 ppm)

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
EB0010561 103.7 ppm
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 CC727496 Concentration 800.0 ppm 253.0 ppm

CRM Serial No. CC727493 CC727498 Concentration 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:03.01.2023 17:25

Approved for Release:

Rod Marsala

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

KEVIN G. TURNBOUGH

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. Wile Massauce

DATE 9/28/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

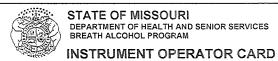
NUMBER 230212

EXPIRES 9/28/2025

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 ai in Missouri.

Operator TURNBOUGH, KEVIN Permit No 230212

Date Issued 9/28/2023

Date Expires 9/28/2025

