

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

INTOX EC/IR II					REPORT #3	
Complete this report at the time of						
days). Complete this report wheneve						
into service. Retain the original a INTOX EC/IR II SN	nd send a copy with	iin 15 days to the	DATE OF INSPECTION	ogram, DHSS.		
12674	St. Peters		10/01/2024			
LOCATION OF INSTRUMENT (STREET AND CITY)	DC. TCCCID		TIME OF INSPECTION			
1020 Grand Teton St. Peters			16:03 CDT			
CHECKLIST: Place a mark in the box	by each item if for	nd to be satisfact	COMMON DIGOGRAPHIC CONTRACTOR	ng within		
established limits. (Write in obser						
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 BT TEMP X CRC CAL CHECK						
X STD 2 TEMP		X PRINT TEST				
		Y LYIMI IESI				
X ETH CHECK						
BREATH ANALYZER ACCURACY STANDA	RDS					
SIMULATOR SOLUTION		X COMPRESSED ET	THANOL-GAS MIXTU			
X STANDARD SUPPLIER INTOXI	METERS	LOT# AG305902	EXP.	DATE 02/28/2	:025	
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	SN	SIM. NIST EXP I	DATE		
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% 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 15 0.100	0 g/210L		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS 0 004 35	.0509 2	.1014 2	.1519 3	OVER .19	0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE SATISFACTORILY AND WITHIN ESTABLISHED LIN			STORE THE INSTRUMENT	TO OPERATE		
DATE OF THE PROPERTY OF THE PR	TITO (GEO MAINTO AGO) GITE	IP NECESSARI).				
INSPECTING OFFICER						
SIGNATURE DO Mutte 741 L	125	PRINT FULL NAME	· ·			
TYPE II PERMIT NUMBER EXPIRAT	TION DATE	MATTHEW KRAHL TELEPHONE NUMBER				
	1/2025	(636) 278-2222				
	100	, 555 / 275 2222	,			
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

Test Date: 28-Feb-2023

Customer Name Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Lot # AG305902 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

28-Feb-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. CC727493 CC727498

Concentration 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:03.01.2023 17:25

Approved for Release:

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07