

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 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 a	and send a copy with	in 15 days to the			
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION		
12674	St. Peters		11/04/2024		
CATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION			
1020 Grand Teton St. Peters			06:10 CST		
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 SRC TEMP X FCB CHECK					
X DET TEMP		X CRC COMP CHEC			
X BT TEMP X CRC CAL CHECK					
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 INTOX	IMETERS	LOT# AG305902	EXP.	DATE 02/28/2025	
SIMULATOR TEMP (34°C +0.2°C)	SIM. S	en	SIM. NIST EXP	DATE	
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 0.100 g/210L		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS 1 004 16	.0509 0	.1014 2	.1519 3	OVER .19 3	
LIST ANY NEW PARTS AND DESCRIBE ANY ALT	RATION OR MODIFICATION	THAT WAS MADE TO RE	STORE THE INSTRUMENT	TO OPERATE	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY). INSPECTING OFFICER					
SIGNATURE P.O. Maillo Man U	135 PRINT FULL NAME MATTHEW KRAHI				
TYPE II PERMIT NUMBER PEXPIRA		TELEPHONE NUMBER			
	1/2025	(636) 278-2222	1		
250170 0071	2,2023	(000) 210 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

Customer Name Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 28-Feb-2023

Lot # AG305902 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

28-Feb-2025

108

Ethanol

 $0.100 \pm 2\%$ BrAC (272 ppm)

Nitrogen

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

Concentration **RGM Serial No.** 391.8 ppm EB0010581 EB0010570 259.8 ppm 209.0 ppm EB0010285 103.7 ppm EB0010561 52.22 ppm EB0010681

Concentration **RGM Serial No.** 392.5 ppm EB0010603 258.9 ppm EB0010559 EB0010562 104.2 ppm 52.94 ppm EB0010579

CRM Serial No. CC727481

Concentration mqq 0.008

CRM Serial No. CC727493

Concentration

CC727496

253.0 ppm

CC727498

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

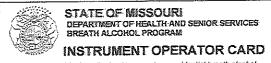
MATTHEW KRAHL

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. MA M

0/11/2022	Mike Masson			
DATE 8/11/2023	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 230178	Davla J. Nichelson			
EXPIRES 8/11/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			
10 rea arm (0 to)	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.

KRAHL, MATTHEW Operator 230178

Permit No Date Issued 8/11/2023

