

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					2299 2000	
days). Complete this report whenever						
into service. Retain the original a		nin 15 days to the				
INTOX EC/IR II SN 12675	NAME OF AGENCY	- B	DATE OF INSPECTION			
LOCATION OF INSTRUMENT (STREET AND CITY)	Hazelwood Police	е рерс.	07/08/2024			
415 Elm Grove Lane Hazelwood			TIME OF INSPECTION 08:56 CDT			
CHECKLIST: Place a mark in the box	by each item if for	and to be gotiafor	STATE OF STA			
established limits. (Write in obser						
before using instrument.	ved varues where di	cccimined,. onmar	red Items must be	corrected		
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 CHE	CV			
X BT TEMP						
Arrange Control of the Control of th		X CRC CAL CHEC	K			
X STD 2 TEMP		X PRINT TEST				
X ETH CHECK						
BREATH ANALYZER ACCURACY STANDA	ARDS					
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTO	JRE		
	imeters	LOT# AG231902	EXP.	DATE 11/15/	2024	
SIMULATOR TEMP (34°C +0.2°C)	SIM.	SN	SIM. NIST EXP	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 0.099 g/210L	TEST 2 0.099	g/210L	TEST 3 0.099 g/210L			
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLL	OWING PANGES SIN		3.	Im.	
THE NORTH OF BREITH	DOID IN THE TOLK	SWING KANGES SIN	CE THE LAST MAIN	ILNANCE REPOR	T:	
REFUSALS 0 004 10	.0509 1	.1014 2	.1519 4	OVER .19	2	
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). July 2024 BA Maint.						
INSPECTING OFFICER						
SIGNATURE		PRINT FULL NAME				
►(1) 40 50°		Daniel Johnst	ion			
	TION DATE	TELEPHONE NUMBER				
230242 10/3	1/2025	(314)838-500	0			
RETURN COMPLETED REPORT T	O TITTE -					
	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS					
Breath Alcohol Program, Miss	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	of Health and	Senior Servic	es,		



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: 17-Nov-2022

Lot # AG231902 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

15-Nov-2024

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		oalor ppili

CRM Serial No.

Concentration

CRM Serial No.

Concentration

CC727481 CC727496 800.0 ppm 253.0 ppm

CC727493 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:11.17.2022 20:17

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

DANIEL JOHNSTON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

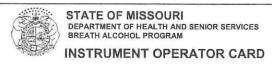
ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

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.

DATE10/31/2023	Mike Massure		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER	230242		
EXPIRES 10/31/2025	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 ai in Missouri.

Operator JOHNSTON, DANIEL

ermit No 230242

Date Issued 10/31/2023 Date Expires 10/31/2025

