

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 o	_				
days). Complete this report whenever		_		<del>-</del>	
into service. Retain the original		in 15 days to the		ogram, DHSS.	
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION		
12675	Hazelwood Police	e Dept.	09/11/2024		
LOCATION OF INSTRUMENT (STREET AND CITY	)		TIME OF INSPECTION		
415 Elm Grove Lane Hazelwood			09:32 CDT		
CHECKLIST: Place a mark in the box					
established limits. (Write in obse	rved values where de	etermined). Unmar.	ked items must be (	corrected	
before using instrument.  X DIAGNOSTIC RECORD					
		200 arman			
X BLANK CHECK	······	X CO2 CHECK		<u> </u>	
X FC 1 TEMP		X FLOW CHECK			
X SRC TEMP		X FCB CHECK			
X DET TEMP		X CRC COMP CHE	CK		
X BT TEMP		X CRC CAL CHEC	K		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
	- mm a				
BREATH ANALYZER ACCURACY STAND	ARDS				
SIMULATOR SOLUTION			THANOL-GAS MIXTU		
1	imeters	LOT# AG231902	EXP.	DATE 11/15/2024	
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	SN	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 5 0.099	g/210L	TEST 3 15 0.09	9 g/210L	
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLLO	WING RANGES SIN	CE THE LAST MAIN	TENANCE REPORT:	
REFUSALS 0 004 15	.0509 0	.1014 1	.1519 0	OVER .19 4	
LIST ANY NEW PARTS AND DESCRIBE ANY ALT SATISFACTORILY AND WITHIN ESTABLISHED L			ESTORE THE INSTRUMENT	TO OPERATE	
September 2024 Maint.					
INSPECTING OFFICER					
STEMASIRE		PRINT FULL NAME			
500		I PRINT PULL NAME			
	<u>.</u>	Daniel Johnst	con		
l // I	ATION DATE 1/2025				
230242 10/3	TION DATE 1/2025	Daniel Johnst			
230242 10/3  RETURN COMPLETED REPORT T	TION DATE 1/2025 O THE:	Daniel Johnst TELEPHONE NUMBER (314)838-500	0		
230242 10/3	TION DATE 1/2025 O THE:	Daniel Johnst TELEPHONE NUMBER (314)838-500	0	e <b>s</b> ,	



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		• •

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

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Argas 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):

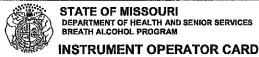
## ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

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.

DATE 10/31/2023	/ (ike / lassmu
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER <b>230242</b>	Davla J. Nichelson
EXPIRES 10/31/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES

MCI 580-0771 (6-10)

LAB-4 (FIG-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 Missauri

Operator JOHNSTON, DANIEL. Permit No 230242

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

