

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

INTOX EC/IR II MAINTENANCE REPORT

REPORT #:

THION EC/IN 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						
	o service. Retain the original and send a copy within 15 days to the					
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION			
2677 University City Police		08/21/2024				
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION				
601 Trinity University City			00:49 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 CHECK						
X BT TEMP X CRC CAL CHECK						
X STD 2 TEMP X PRINT TEST						
X ETH CHECK						
BREATH ANALYZER ACCURACY STANDARDS						
SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE						
STANDARD SUPPLIER Intoximeters LOT# AG332001 EXP. DATE 11/16/2025						
SIMULATOR TEMP (34°C ±0.2°C) SIM. 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 🐷 0.100	g/210L	TEST 3 🖙 0.10	0 g/210L		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS 0 004 0	.0509 0	.1014 1	.1519 1	OVER .19	0	
SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)						
INSPECTING OFFICER						
PO 8/49/28/		Colp, David				
240103 EXPIRA 05/1-	4/2026	(314)725-2211				
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: 16-Nov-2023

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

Lot # AG332001 Model 108

Exp Date

Cyl. Type

Component Ethanol

Certified Concentration 0.100 ± 2% BrAC (272 ppm)

16-Nov-2025

108

Nitrogen

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

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

RGM Serial No. EB0010603 EB0010559 EB0010562 EB0010579

Concentration 392.5 ppm 258.9 ppm 104.2 ppm

52.94 ppm

CRM Serial No.

CC727481 CC727496 Concentration

799.4 ppm 253.4 ppm **CRM Serial No.** CC727493

CC727498

Concentration 389.8 ppm 150.2 ppm

Analytical Method: **NDIR**

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:11.20.2023 17:28

Approved for Release:

Yusef Woods

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