

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

THEOR DOLLER TT MATHEMANICE DEDOEM

→温淡 TNIOY EC\TK II					REPORT #3	
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35						
days). Complete this report whenev	er the instrument is	s serviced or repai	red and whenever	it is placed		
into service. Retain the original	and send a copy with	in 15 days to the	Breath Alcohol Pro	ogram, DHSS.		
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION			
12678	Wentzville Polic	ce Dept.	11/04/2024			
LOCATION OF INSTRUMENT (STREET AND CITY	()	· · · · · · · · · · · · · · · · · · ·	TIME OF INSPECTION	711.		
1019 Schroeder Creek Blv Wentz	ville		08:13 CST			
CHECKLIST: Place a mark in the box		and to be gatigfact		ng within	·	
established limits. (Write in obse						
before using instrument.	rved varues where de	CELMINOU, CHMMIN	ed lemia must be	corrected		
X DIAGNOSTIC RECORD			<u> </u>			
	-		.•			
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 CHEC	.K			
X BT TEMP		X CRC CAL CHECK			·	
X STD 2 TEMP		X PRINT TEST				
X ETH CHECK						
BREATH ANALYZER ACCURACY STAND	ARDS				····	
SIMULATOR SOLUTION		X COMPRESSED ET	HANOL-GAS MIXTU	RE		
X STANDARD SUPPLIER INTOX	IMETERS	LOT# AG404403				
SIMULATOR TEMP (34°C +0.2°C)			SIM, NIST EXP			
I SIMODATOR TEMP (34°C ±0.2°C)	SIM. S	DIA	SIM. NIST EAP I	DATE		
X CALIBRATION CHECK - (ONLY ON	E STANDARD IS TO B	E USED PER MAINT	ENANCE REPORT)			
Run three tests using a stan	dard solution. Al	l three tests mu	st he within 45	k of the standard	772] 110	
and must have a spread of .0	05 or less. Mark	the box correspo	nding to the sta	andard solution be	varue eina	
used.					criig	
X 0.10% STANDARD - MUST READ	BETWEEN 0.095% AN	D 0.105% INCLUST	VE			
0.08% STANDARD - MUST READ						
0.04% STANDARD - MUST READ				•		
U.04% STANDARD - MOST READ	DEIWEEN V.USOR AM	D 0.0426 INCLUSI	ΛĒ			
TEST 1 37 0.100 g/210L	TEST 2 5 0.100	a/210t	mmam 2 \2+ 0 10a	0 ~/2101		
		J'	TEST 3 2 0.10	5 .		
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLLO	WING RANGES SINC	E THE LAST MAIN	TENANCE REPORT:	"	
	1	·				
REFUSALS 0 004 7	.0509 1	.1014 0	.1519 1	OVER .19 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALT	RATION OR MODIFICATION	THAT WAS MADE TO RES	TORE THE INSTRUMENT	TO OPERATE		
SATISFACTORILY AND WITHIN ESTABLISHED L	IMITS (USE OTHER SIDE I	F NECESSARY).				
INSPECTING OFFICER						
		PRINT FULL NAME				
REBURA 333		REBURA				
240082 04/0	TION DATE	TELEPHONE NUMBER				
	TION DATE 2/2026	TELEPHONE NUMBER (636) 327-5105				
RETURN COMPLETED REPORT T	2/2026					
RETURN COMPLETED REPORT T	2/2026 O THE:	(636)327-5105	Conion Commit			
RETURN COMPLETED REPORT T Breath Alcohol Program, Miss by mail, fax, or e-mail	2/2026 O THE:	(636)327-5105	Senior Service	es,		



Alrgas 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: 14-Feb-2024

Lot # AG404403 Model 108

Exp Date 13-Feb-2028

Cyl. Type 108 Component Ethanol Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Nitrogen

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

RGM Serial No. £80010581 £80010570 £80010285 £80010581 ₹80010681	Concentration 394.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm 52.22 ppm	RGM Serial No. EB0010603 EB0010559 EB0010562 EB0010579	Concentration 392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm
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CRM Serial No.	Concentration	CRM Serial No.	Concentration
00727481 00727498	799.4 ppm 253.4 ppm	CC727493	389,8 ppm
O O S SEL LAND	acon porti	CC727498	150.2 ppm

Analytical Method: NDIR

Digitaly signed by Quality Control Reason: Dry gas standard conflication of analysta Locadon: Airgas Ligh (LC (Lati) Oato: 21.18.2024 (19128)

Approved for Release:

YUGAF Woods

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

JUSTIN REBURA

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, PSMo and 306,111 through 906,119 PSMo. Mile Mosmu DATE 4/2/2024 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 240082 Daves J. Nedselve EXPIRES d/2/2026 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES MIC 580-077; (9-10) LAB4 (8640)



STATE OF MISSOURI Department of Health and Senior Bervices Breath Alcohol Program

INSTRUMENT OPERATOR CARD

The named cardicides is eulitorized to operate an evidential breeth alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

RESURA, JUSTIN Operator Permit No 240082

Date Issued 4/2/2024 Date Expires 4/2/2026

