

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

INTOX	EC/	IR	ΙI	MAINTENANCE	REPORT
-------	-----	----	----	-------------	--------

REPORT #3

Complete this report at the t	ime of the regular monthl	v preventive mair	tenance check (not to exceed 35		
			rired and whenever it is placed		
into service. Retain the orig	inal and cond a conv wit	in 15 Years to the	Breath Alcohol Program, DHSS.		
INTO Service. Retain the orig.	NAME OF AGENCY	8 20 000	DATE OF INSPECTION		
12684	SPRINGFIELD POL	TOR DEST	08/06/2024		
LOCATION OF INSTRUMENT (STREET AN	SPRINGITED FOL	8	TIME OF INSPECTION		
2620 W BATTELFIELD SPRINGF		9	13:59 CDT ctory or is operating within cked items must be corrected		
CHECKLIST: Place a mark in the	_	and to a satisfac	ctory or is operating within		
established limits. (Write in	observed values where de	~ ~	ked items must be corrected		
before using instrument.	<u> </u>	a a a			
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO CHECK			
X FC 1 TEMP		X FIDW CHECK	CHECK		
X SRC TEMP		X FC HECK	X FC HECK		
X DET TEMP			ECK		
X BT TEMP		AL CHE	CK		
X STD 2 TEMP	·	AL CHEC			
X ETH CHECK		2 2			
BREATH ANALYZER ACCURACY S	TANDARDS	LEST TEST			
SIMULATOR SOLUTION		La ESSED	ETHANOL-GAS MIXTURE		
	INTOXIMETERS	<b>4</b> 6 407302			
SIMULATOR TEMP (34°C ±0.			SIM. NIST EXP DATE		
SIMULATOR TEMP (34 C ±0.	SIM.	SIN	SIM. WIOT BAL BATE		
X CALIBRATION CHECK - (ONI	Y ONE STANDARD IS TO	BE USED PER MAII	VTENANCE REPORT)		
and must have a spread of used.	of .005 or less. Mark	the box corresp	must be within $\pm 5$ % of the standard value conding to the standard solution being		
	READ BETWEEN 0.095% A	NIS O 10E9 TNOTIL	CTVID		
X 0.08% STANDARD - MUST					
0.04% STANDARD - MUST	READ BETWEEN 0.038% A	ND 0.042% INCLU	21 A F		
TEST 1 3 0.080 g/210L	TEST 2 🖙 0.079	g/210L	TEST 3 x 0.079 g/210L		
INDICATE THE NUMBER OF BRE	EATH TESTS IN THE FOLL	OWING RANGES SI	NCE THE LAST MAINTENANCE REPORT:		
REFUSALS 0 004	50 .0509 0	.1014 1	.1519 0 OVER .19 1		
LIST ANY NEW PARTS AND DESCRIBE A SATISFACTORILY AND WITHIN ESTABLI		-	RESTORE THE INSTRUMENT TO OPERATE		
SATISFACIONIST AND WITHIN SOTTON	OHED BILLED (ODB OHER)	112000011117			
i					
INSPECTING OFFICER					
INSPECTING OFFICER		PRINT FULL NAME			
	1846	PRINT FUCL NAME KAUFMAN, BEN	JAMIN		
SIGNATURE	EXPIRATION DATE	KAUFMAN, BEN			
SIGNATURE	-	KAUFMAN, BEN			
SIGNATURE  TYPE II PERMIT NUMBER  240140	06/21/2026	KAUFMAN, BEN			
TYPE II PERMIT NUMBER 240140  RETURN COMPLETED REPO	06/21/2026  ORT TO THE:	KAUFMAN, BEN TELEPHONE NUMBER (417)864-18	10		
SIGNATURE  TYPE II PERMIT NUMBER  240140	06/21/2026  ORT TO THE:  Missouri Department	KAUFMAN, BEN TELEPHONE NUMBER (417)864-18	10		



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: 13-Mar-2024

Lot # AG407302 Model 108

Exp Date 13-Mar-2026 Cyl. Type 108 Component Ethanol **Certified Concentration** 

0.080 ± 0.002 BrAC (218 ppm)

Nitrogen

#### 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	799.4 ppm	CC727493	389.8 ppm
CC727496	253.4 ppm	CC727498	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control Reason Dry gas standard certification of analysis Location Airgas USA LLC (Lab) Date:03.15.2024 08:01

Approved for Release:

Yusef 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



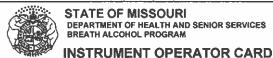
# PERMIT TYPE II

# **BENJAMIN R. KAUFMAN**

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 577.020 through 577.041, RSMo and 306.111 through 306.119 RSM	lo.	
DATE	Mile Massimi	
NUMBER 240140	<u> </u>	
EXPIRES 6/21/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES	
MO 580-0771 (6·10)	LAB4 (R6-10)	



The named cardholder is authorized to operate an evidential breath alcohol

instrument for the determination of the alcoholic content in breeth form of expired ai in Missouri.

Operator KAUFMAN, BENJAMIN Permit No 240140

Date Issued 6/21/2024 Date Expires 6/21/2026

