

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

INTOX EC/IR II MAINTENA				PORT #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				
nto service. Retain the original and send a copy within 15 days to the				
	BLUE SPRINGS POLICE DEPT		DATE OF INSPECTION 11/15/2024	
LOCATION OF INSTRUMENT (STREET AND CITY)	35 FOLICE DEFI	TIME OF INSPECTION		
1100 SW. SMITH ST BLUE SPRINGS, MO. 64015		14:24 CST		
CHECKLIST: Place a mark in the box by each item	if found to be satisfact	The secondaries of seatments	a 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	A CRIMI TEGI.			
BREATH ANALYZER ACCURACY STANDARDS	THE CALL PROPERTY OF THE			
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE				
X STANDARD SUPPLIER INTOXIMETERS, INC	LOT# AG407801	Water the same of	DATE 03/18/2026	
SIMULATOR TEMP (34°C ±0.2°C)	SIM. SN	SIM. NIST EXP I	ATE	
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 3 0.098 g/210L TEST 2 3 (	0.098 g/210L	TEST 3 5 0.098	g/210I.	
INDICATE THE NUMBER OF BREATH TESTS IN THE				
INDICATE THE NOMBER OF BREATH TESTS IN THE	POLLOWING RANGES SINC	E THE LAST MAIN	ENANCE REPORT:	
REFUSALS 6 004 0 .0509	1 .1014 4	.1519 0	OVER .19 2	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIF		STORE THE INSTRUMENT	TO OPERATE	
SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER	SIDE IF NECESSARY).			
NOV 2024 MAINTENANCE				
MOA SASA MAINIEMANCE				
*				
INSPECTING OFFICER	(1) 10 KH 15 E H			WE S
COFC 1 +5 +7541	PRINT FULL NAME			U V Pak
		OFC. LITZ		
230155 08/01/2025	(816) 228-0150	TELEPHONE NUMBER		
	(010)220-0150	,		
RETURN COMPLETED REPORT TO THE:				
Breath Alcohol Program, Missouri Department of Health and Senior Services,				
by mail, fax, or e-mail				
* The state of the				



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: 19-Mar-2024

Lot # AG407801 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

18-Mar-2026

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

EB0010581 391.8 ppm

EB0010570 259.8 ppm

EB0010285 209.0 ppm

EB0010561 103.7 ppm

EB0010681 52.22 ppm

RGM Serial No. Concentration
EB0010603 392.5 ppm
EB0010559 258.9 ppm
EB0010562 104.2 ppm
EB0010579 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:Afras USA LLC (Lab) Date:03.22.2024 07:50

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 JORDAN LITZ

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

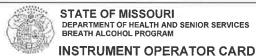
## INTOX EC/IR II

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, RSMo and 306.111 through 306.119 RSMo.

DATE 8/1/2023	Mile Massur
D/III WELVES	DIRECTÓR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230155	
EXPIRES 8/1/2025	Daves I. Nichelson
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
/15 man 4==/ /h /h)	

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 air

Operator LITZ, JORDAN Permit No

Date Issued 8/1/2023 Date Expires 8/1/2025

