

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL	PROGRAM	•			
INTOX EC/IR I	I MAINTENANCE R	EPORT		- evgood 35	REPORT_#3
macco.	E ile memiles monthly	, preventive maln	tenance check (not t	o exceed 33	·
days). Complete this report whene into service. Retain the original	and send a copy within	n 15 days to the	DATE OF INSPECTION		
INTOX EC/IR II SN	NAME OF AGENCY BLUE SPRINGS POL	TOT DEDT	12/05/2024		
12690 <u></u>			TIME OF INSPECTION		
LOCATION OF INSTRUMENT (STREET AND CITY)			10:17 CST		
1100 SW. SMITH ST BLUE SPRING CHECKLIST: Place a mark in the bo	S, MO. 64015	nd to be satisfac	tory or is operating	g within	
CHECKLIST: Place a mark in the bo established limits. (Write in obs	ox by each item if too	termined). Unmar	ked items must be co	orrected	
established limits. (Write in obs	served valdes where do				
before using instrument.  X DIAGNOSTIC RECORD					
X DIAGNOSTIC RECORD		X CO2 CHECK		-	
X BLANK CHECK	X FLOW CHECK				
X FC 1 TEMP	C 1 Table				
X SRC TEMP			ירידע		
X DET TEMP		X CRC COMP CHECK			
X BT TEMP		X CRC CAL CHEC			
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STAN	IDARDS				
SIMULATOR SOLUTION		X COMPRESSED	OMPRESSED ETHANOL-GAS MIXTURE		
	OXIMETERS, INC	LOT# AG407801	EXP.	DATE 03/18/20	026
V PIIII		SN	SIM. NIST EXP I	ATE	
SIMULATOR TEMP (34°C +0.2°C					
Run three tests using a stand must have a spread of used.  X 0.10% STANDARD - MUST RE 0.08% STANDARD - MUST RE 0.04% STANDARD - MUST RE	.005 or less. Maik AD BETWEEN 0.095% AI AD BETWEEN 0.076% AI	ND 0.105% INCLU	SIVE SIVE	andard solutio	n being
	TEST 2 🖙 0.099			TEST 3 🖙 0.099 g/210L	
TEST 1 🖙 0.098 g/210L	TEST 2 5 0.099	WING RANGES SINCE THE LAST MAINTENANCE REPORT:		·	
INDICATE THE NUMBER OF BREAT	H TESTS IN THE FOLL	DWING KANGES SI	MCT IND DWST WILL		
	05 00 1	.1014 1	.1519 1	OVER .19	1
REFUSALS 1 004 6	.0509 1			TO OPERATE	
LIST ANY NEW PARTS AND DESCRIBE ANY SATISFACTORILY AND WITHIN ESTABLISHE	ALTERATION OR MODIFICATION OF	IF NECESSARY).	1111011111		
SATISFACIONISI AND WILLIAM					
DEC 2024 MAINTENANCE					
DEC 2021 12.23.					
INSPECTING OFFICER		PRINT FULL NAME			
SIGNATURE 1-1/1	#26-20	M. LOCKHART			
-// Jolenes	PIRATION DATE	TELEPHONE NUMBER			<u></u>
	0/29/2026	(816)228-01	150		
	n mo mur.				
RETURN COMPLETED REPORT	r IV ink:	t of Woalth a	nd Senior Servic	es,	
Breath Alcohol Program, M	ussouri Departmen	c or nearth a		•	
by mail, fax, or e-mail		•			



**Airgas USA LLC (LAB)** 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100

Ph: (314) 533-3100 Fax: (314) 533-7328

## **Certificate of Analysis**

Customer Name Test Date: 19-Mar-2024

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

**Lot #** AG407801 **Model** 108

Exp DateCyl. TypeComponentCertified Concentration18-Mar-2026108Ethanol<br/>Nitrogen0.100 ± 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
 799.4 ppm
 CC727493
 389.8 ppm

 CC727496
 253.4 ppm
 CC727498
 150.2 ppm

Analytical Method: NDIR

Approved for Release:

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

## MICHAEL LOCKHART

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	10/29/2024	adam / Kuli
		DIRECTOR STATE PUBLIC HEALTH LABORATORY
NUMBER	240227	
	10/00/00/00	Davla I. nichelson
EXPIRES	10/29/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 in Missouri.

Operator LOCKHART, MICHAEL

Permit No 240227

