

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

INTOX EC/IR II	MAINTENANCE	REPORT		REPORT #3	
Complete this report at the time of					
days). Complete this report whenever					
into service. Retain the original a	nd send a copy with	in 15 days to the	DATE OF INSPECTION	ogram, DHSS.	
12694	BELLEFONTAINE NE	RIGHBORS	06/30/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION		
9641 Bellefontaine Road Bellefo			23:15 CDT		
CHECKLIST: Place a mark in the box		nd to be satisfact		ng within	
established limits. (Write in obser				-5V V	
before using instrument.					
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP		X FLOW CHECK			
		X FCB CHECK			
1991 House A. I. 1999 Print 199		X CRC COMP CHE			
Research		X CRC CAL CHEC			
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK		Α			
BREATH ANALYZER ACCURACY STANDA	PDC				
SIMULATOR SOLUTION		COMPRESCED E	THANOI CAC MIVE	ם מ	
		X COMPRESSED ETHANOL-GAS MIXTURE			
		LOT# AG221502		DATE 08/03/2024	
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	SN	SIM, NIST EXP	DATE	
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO B	E USED PER MAIN	TENANCE 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 0.101 g/210L	TEST 2 > 0.101		TEST 3 > 0.10	1 ~/2101.	
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SING	CE THE LAST MAIN	TENANCE REPORT:	
REFUSALS 0 004 10	.0509 0	.1014 0	.1519 0	OVER .19 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE SATISFACTORILY AND WITHIN ESTABLISHED LI			STORE THE INSTRUMENT	TO OPERATE	
JULY 2024					
1/1					
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME SPIELER, BRYA	N		
TYPE II PERMIT NUMBER EXPIRA	TION DATE	TELEPHONE NUMBER	<u>.</u>		
	3/2025	(314)867-0080)		
RETURN COMPLETED REPORT TO					
Breath Alcohol Program, Missouri Department of Health and Senior Services,					
by mail, fax, or e-mail					
w marring to the thinks					



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: 4-Aug-2022

Lot # AG221502 **Model** 108

Exp Date 3-Aug-2024 Cyl. Type 108

Component

Certified Concentration

Ethanol

 $0.100 \pm 2\%$ BrAC (272 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 103.7 ppm EB0010561 EB0010579 52.94 ppm EB0010681 52.22 ppm

CRM Serial No. CC727481 CC727496

Concentration 800.0 ppm 253.0 ppm

CRM Serial No. CC727493

CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:08.04.2022 15:01

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

BRYAN L. SPIELER

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

and operate the following breath analyzer(s): INTOX EC/IR II

for the de 577.020 t	termination of the alcoholic content through 577.041, RSMo and 306.11	of blood from a sample of expired air. Permit issued under the provisions of sections through 306,119 RSMo.	วทร
	1/3/2023	Mile Massur	
NUMBER	230006	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY	
EXPIRES	1/3/2025	Daves J. Nichelson	

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)