

MISSOURI DEPARTMENT OF HEALTH STATE PUBLIC HEALTH LABORATORY RECEIVED By Tracy Crews at 8:05 am, Aug 02, 2024 BREATH ALCOHOL PROGRAM

	II MAINTENANCE			REPORT #
Complete this report at the time				
days). Complete this report when				
into service. Retain the origina	20.00	hin 15 days to the		
INTOX EC/IR II SN	NAME OF AGENCY	-	DATE OF INSPECTION	
12697	Foristell Police	e Depart	08/01/2024	
LOCATION OF INSTRUMENT (STREET AND C			TIME OF INSPECTION	
30 First Street Foristell, M			09:11 CDT	
CHECKLIST: Place a mark in the h	- Paristra - Garage - Construence - Paristra de Santa - Garago de Antonio			
established limits. (Write in observe using instrument.	served values where de	etermined). Onmar.	ked Items must be	corrected
X DIAGNOSTIC RECORD				
X BLANK CHECK		X CO2 CHECK		
X FC 1 TEMP		X FLOW CHECK		
X SRC TEMP		X FCB CHECK	CTT.	
X DET TEMP		X CRC COMP CHE		
X BT TEMP		X CRC CAL CHEC	K	
X STD 2 TEMP		X PRINT TEST		
X ETH CHECK				
BREATH ANALYZER ACCURACY STA	NDARDS			
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE
X STANDARD SUPPLIER int	oximeters	LOT# AG420708	EXP.	DATE 07/25/2026
SIMULATOR TEMP (34°C +0.2°	C) SIM.	SN	SIM. NIST EXP	DATE
			1	
X CALIBRATION CHECK - (ONLY	ONE CHANDARD TO TO	DE LICED DED MATN	TENANCE DEDODTI	
Run three tests using a st				% of the standard value
and must have a spread of	.005 or less. Mark	the box corresp	onding to the st	andard solution being
used.		-	=	
0.10% STANDARD - MUST RE	AD BETWEEN 0.095% A	ND 0.105% INCLUS	IVE	
X 0.08% STANDARD - MUST RE	AD BETWEEN 0.076% A	ND 0.084% INCLUS	IVE	
0.04% STANDARD - MUST RE	AD BETWEEN 0.038% A	ND 0.042% INCLUS	IVE	
MDGM 1 *** 0 070 **/0101	TEST 2 0.079	a /210T	TEST 3 🖙 0.07	19 g/210T.
TEST 1 - 0.079 g/210L		700		
INDICATE THE NUMBER OF BREAT	H TESTS IN THE FOLL	OWING RANGES SIN	CE THE LAST MAIN	TENANCE REPORT:
REFUSALS 0 004 1	.0509 0	.1014 0	.1519 0	OVER .19 0
LIST ANY NEW PARTS AND DESCRIBE ANY			ESTORE THE INSTRUMEN	T TO OPERATE
SATISFACTORILY AND WITHIN ESTABLISHE	D LIMITS (USE OTHER SIDE	IF NECESSARY).		
INSPECTING OFFICER				
SIGNATURE		PRINT FULL NAME		
-/16/		K Bartholmey		
	PIRATION DATE	TELEPHONE NUMBER		
230199 0	9/07/2025	(636)463-212	23	
RETURN COMPLETED REPORT	TO THE.			
Breath Alcohol Program, M		t of Health and	d Senior Service	res .
by mail fax or e-mail	TPPOULT Department	to or mearen and		ending through .
rov mair tax or e-mai				



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: 25-Jul-2024

Lot # AG420708 Model 108

Exp Date 25-Jul-2026 Cyl. Type 108

Component

Certified Concentration 0.080 ± 0.002 BrAC (218 ppm)

Ethanol

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:07.25.2024 20:46

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

KYLE BARTHOLMEY

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 9/16/2021 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES 9/16/2023

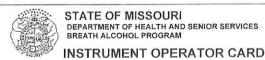
NUMBER 210217

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

Donal S. Kawal

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

BARTHOLMEY, KYLE

Permit No 210217 Date Issued 9/16/2021

Date Expires 9/16/2023

