

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

	I MAINTENANCE				REPORT #3
Complete this report at the time					
days). Complete this report whene					
into service. Retain the original INTOX EC/IR II SN	NAME OF AGENCY	thin 15 days to the	DATE OF INSPECTION		
12700	O'Fallon PD		05/07/2024	N	
LOCATION OF INSTRUMENT (STREET AND CIT			TIME OF INSPECTION	AT	
1019 Bryan Road O'Fallon	. • /		18:30 CDT	N	
CHECKLIST: Place a mark in the bo	x by each item if fo	ound to be satisfac		ing within	
established limits. (Write in obs					
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 CHE	CK		
X BT TEMP		X CRC CAL CHEC			***************************************
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK		VIKIMI IEDI		***************************************	
BREATH ANALYZER ACCURACY STAN	JARDS				
SIMULATOR SOLUTION			THANOL-GAS MIXTU		
	ximeters, Inc.	LOT# AG310305	EXP.	DATE 04/13/	/2025
SIMULATOR TEMP (34°C $\pm 0.2$ °C	) SIM.	SN	SIM. NIST EXP	DATE	
X CALIBRATION CHECK - (ONLY O	NE STANDARD IS TO	BE USED PER MAIN	TENANCE REPORT)		
Run three tests using a star	ndard solution. A	ll three tests m	ust be within +5	% of the star	ndard value
and must have a spread of .					
used.					
0.10% STANDARD - MUST REAL					
X 0.08% STANDARD - MUST REAL					
0.04% STANDARD - MUST REAL	) BETWEEN 0.038% A	ND 0.042% INCLUS	IVE		
mpcm 1 % 0 000 ~/010T		~/210T	I mnom a 322 a aa	- /010T	
TEST 1 0.080 g/210L TEST 2 0.080 g			TEST 3 13 0.080 g/210L		
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLLO	OWING RANGES SING	CE THE LAST MAIN	TENANCE REPOR	tT:
DEFINITION OF THE PARTY OF THE	T 05 00 0	T	I	T	
REFUSALS 0 004 0	.0509 0	.1014 1	.1519 1	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY AL SATISFACTORILY AND WITHIN ESTABLISHED			STORE THE INSTRUMENT	TO OPERATE	
TNODEOWING OFFICER					
INSPECTING OFFICER SIGNATURE	i .	PRINT FULL NAME		50 Kari	in the species of the forest of the second
334		SINNOKRAK, CHRIS			
TYPE II PERMIT NUMBER EXPIR	ATION DATE TELEPHONE NUMBER				
240006 01/	08/2026 ်	(636)240-3200	)		
RETURN COMPLETED REPORT	דה דעד.	<u> </u>			
		of Hoolth and	Conior Corria	0.5	
Breath Alcohol Program, Mis	souri Department	or nearth and	senior service	es,	ĺ
by mail, fax, or e-mail					



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: 18-Apr-2023

**Lot #** AG310305 **Model** 108

Exp Date 13-Apr-2025 Cyl. Type 108

Component

**Certified Concentration** 

Ethanol Nitrogen

0.080 ± 0.002 BrAC (218 ppm)

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

**RGM Serial No.** EB0010581

EB0010570

EB0010285

Concentration 391.8 ppm

259.8 ppm 209.0 ppm

EB0010561 EB0010681

103.7 ppm 52.22 ppm

**RGM Serial No.** EB0010603

EB0010559 EB0010562

EB0010579

Concentration 392.5 ppm

258.9 ppm 104.2 ppm 52.94 ppm

**CRM Serial No.** 

CC727481 CC727496 Concentration

mag 0.008 253.0 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:04.19.2023 17:13

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

## **CHRIS SINNOKRAK**

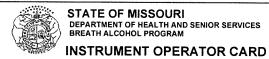
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

## ALCO-SENSOR IV WITH PRINTER, 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. MA

DATE1/8/2024	Mike Massure			
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER <b>240006</b>				
EXPIRES 1/8/2026	Davla J. Nichelson			
AO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			

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 SINNOKRAK, CHRIS

Permit No 240006

Date Issued 1/8/2024 Date Expires 1/8/2026

