

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

INTOX EC/IR II					REPORT #3
Complete this report at the time of	of the regular monthl	y preventive main	enance check (not	to exceed 35	
days). Complete this report whenev					
INTOX EC/IR II SN	l and send a copy within 15 days to th		e Breath Alcohol Program, DHSS.  DATE OF INSPECTION		
12700	O'Fallon PD		1		
LOCATION OF INSTRUMENT (STREET AND CITY			07/05/2024 TIME OF INSPECTION		
1019 Bryan Road O'Fallon	,		14:24 CDT		
CHECKLIST: Place a mark in the box	by each item if fou	nd to be datisfact	l .		
established limits. (Write in obse					
before using instrument.	ived values where de	cermined). Onmar	red icems mast be	corrected	
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					
BREATH ANALYZER ACCURACY STAND	ARDS				
SIMULATOR SOLUTION		X COMPRESSED ET	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER Intox	imeters, Inc.	LOT# AG310305	EXP.	DATE 04/13/2	2025
SIMULATOR TEMP (34°C +0.2°C)		N	SIM. NIST EXP		
X CALIBRATION CHECK - (ONLY ON	E CHANDADD TO MO D	E 170ED DED 1/1 TIM	THE PERSON		
Run three tests using a stand	dard solution. All	l three tests mu	st be within +5	of the stand	dard value
and must have a spread of .00 used.	75 or less. Mark	the box correspo	naing to the st	andard solution	on being
0.10% STANDARD - MUST READ	מארשו היא מיים או	D A 1AES TNOTITOT	370		
X 0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ					
	221,1221, 0.0300 120		<b>V</b>		
TEST 1 0.080 g/210L	TEST 2 🖙 0.080	g/210L	TEST 3 🐃 0.08	0 q/210L	
INDICATE THE NUMBER OF BREATH T	PETE IN THE POLLO	WING PANGES SING			T .
INDICATE THE NONDER OF BREATH	.ESIS IN INE FOLIO	WING KANGES SINC	E INE DASI MAIN.	ENANCE REPORT	. :
REFUSALS 0 004 10	.0509 0	.1014 0	.1519 0	OVER .19	1
LIST ANY NEW PARTS AND DESCRIBE ANY ALT	ERATION OR MODIFICATION	THAT WAS MADE TO RE	STORE THE INSTRUMENT	TO OPERATE	
SATISFACTORILY AND WITHIN ESTABLISHED L	MITS (USE OTHER SIDE I	F NECESSARY).			
		•			
	_				
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME			2 Sec. 19 (1997)
► ( ) X m/	321	SINNOKRAK, CHI	RIS		
- Children Children	TION DATE	TELEPHONE NUMBER			
240006 01/0	8/2026 /	(636)240-3200			
RETURN COMPLETED REPORT T	O THE:				
		of Health and	Senior Service	2C	
Breath Alcohol Program, Missouri Department of Health and Senior Services, by mail, fax, or e-mail					
DY MAIL, LAX, OF G-MAIL					I



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

 $0.080 \pm 0.002$  BrAC (218 ppm)

Nitrogen

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.

800.0 ppm

**CRM Serial No.** 

Concentration 390.0 ppm

CC727481 CC727496

253.0 ppm

Concentration

CC727493 CC727498

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:

Rod Marsala

Rosl Marsola

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):

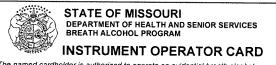
# ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

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.

DATE1/8/2024	/ like / lassme
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER <b>240006</b>	
EXPIRES 1/8/2026	Davla I. Nichelson
3D 690 0771 (6 10)	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 introduced from the determination of the alcoholic content in breath form of expired air in Missouri.

Operator SINNOKRAK, CHRIS

Date Issued 1/8/2024

Date Expires 1/8/2026

