

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 o					
days). Complete this report whenev					
into service. Retain the original INTOX EC/IR II SN	e. Retain the original and send a copy within 15 days to the			Breath Alcohol Program, DHSS. DATE OF INSPECTION	
12701	OVERLAND POLICE	DEDT	05/02/2024		
LOCATION OF INSTRUMENT (STREET AND CITY		1,11.1	TIME OF INSPECTION		
2410 GOODALE OVERLAND	,		18:21 CDT		
CHECKLIST: Place a mark in the box	by each item if for	und to be satisfact	l cory or is operati	ng within	
established limits. (Write in obse					
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	K		
X STD 2 TEMP		X PRINT TEST			A
X ETH CHECK					
BREATH ANALYZER ACCURACY STAND	ARDS				
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	JRE	
X STANDARD SUPPLIER INTOX	IMETERS	LOT# AG313001		DATE 05/10/2	:025
SIMULATOR TEMP (34°C +0.2°C)	SIM.	SN	SIM. NIST EXP	DATE	
X CALIBRATION CHECK - (ONLY ON	F STANDARD IS TO	RE HISED DER MATN	PENANCE REPORT)		***************************************
				s of the etane	dard value
Run three tests using a stan and must have a spread of .0	dard solution. A. O5 or less. Mark	the box correspo	onding to the st	andard solution	on being
used.	00 01 10001 11011	•••• • • • • • • • • • • • • • • • • •			-
X 0.10% STANDARD - MUST READ	BETWEEN 0.095% A	ND 0.105% INCLUS	IVE		
0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ	BETWEEN 0.038% A	ND 0.042% INCLUS	IVE		
	T ===== 0 100	/2107		NO ~/210T	
TEST 1 🖙 0.100 g/210L	TEST 2 🖙 0.100		TEST 3 🖙 0.10		
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLL	OWING RANGES SING	CE THE LAST MAIN	TENANCE REPORT	::
	T 05 00 1	T 10 14 0	.1519 0	OVER .19	1
REFUSALS 0 004 10	.0509 1	.1014 0	i .		1
LIST ANY NEW PARTS AND DESCRIBE ANY ALT SATISFACTORILY AND WITHIN ESTABLISHED I	IMITS (USE OTHER SIDE	IF NECESSARY).	STORE THE INSTRUMENT	1 10 OFBIATE	
INSPECTING OFFICER					
SIGNATURE C A A		PRINT FULL NAME			
► (& (all) 54	4	SCHOTT, CHRIS	S		
	ATION DATE	TELEPHONE NUMBER			
220170 06/2	24/2024	(314)428-122			
RETURN COMPLETED REPORT T	O THE:	,			
Breath Alcohol Program, Mis		t of Health and	Senior Servic	es,	
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

Test Date: 10-May-2023

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

Lot # AG313001 Model 108

Exp Date 10-May-2025 Cyl. Type 108 Component Ethanol Nitrogen Certified Concentration 0.100 ± 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 EB0010570 EB0010285 EB0010561 EB0010681	391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm 52.22 ppm	EB0010603 EB0010559 EB0010562 EB0010579	392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Argas USA LLC (Lab) Date:05,15.2023 11:34

Rod Marsala

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**



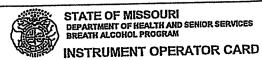
PERMIT TYPE II

CHRIS D. SCHOTT

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. 6/24/2022 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 220170 Daves I. Nichelson DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES EXPIRES 6/24/2024 LAB-4 (R6-10) MO 580-0771 (6-10)



The named cardholder is authorized to operate an evidential broath alcohol instrument for the determination of the elcoholic content in broath form of expired all

SCHOTT, CHRIS Operator Permit No

220170

Date Expires 6/24/2024 Date Issued 6/24/2022

