

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

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INTOX EC/IR II				REPORT #3		
Complete this report at the time of	the regular monthl	y preventive main	tenance check (not to exceed	35		
days). Complete this report whenever						
into service. Retain the original a		in 15 days to the	S.			
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION			
12701	OVERLAND POLICE	DEP'I'	10/01/2024			
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION			
2410 GOODALE OVERLAND			09:52 CDT			
CHECKLIST: Place a mark in the box established limits. (Write in observable)						
before using instrument.	ved values where de	termined). Ohmari	Red Items mast be corrected			
X DIAGNOSTIC RECORD						
X BLANK CHECK		X CO2 CHECK				
X FC 1 TEMP		X FLOW CHECK				
		X FCB CHECK				
X SRC TEMP						
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 STANDA	RDS					
SIMULATOR SOLUTION		X COMPRESSED ETHANOL-GAS MIXTURE				
X STANDARD SUPPLIER INTOXI	METERS	OT# AG313001 EXP. DATE 05/		/10/2025		
SIMULATOR TEMP (34°C +0.2°C)	SIM. S	SN	SIM. NIST EXP DATE			
X CALIBRATION CHECK - (ONLY ONE  Run three tests using a stand  and must have a spread of .00  used.  X 0.10% STANDARD - MUST READ	ard solution. Al 5 or less. Mark BETWEEN 0.095% AN	l three tests m the box corresp ID 0.105% INCLUS	ust be within $\pm 5$ % of the onding to the standard so	standard value lution being		
0.08% STANDARD - MUST READ 0.04% STANDARD - MUST READ			IVE			
TEST 1 🖙 0.100 g/210L	TEST 2 🖙 0.100	g/210L	TEST 3 🖙 0.099 g/210L			
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SIN	CE THE LAST MAINTENANCE R	REPORT:		
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 0 OVER .1	9 1		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE SATISFACTORILY AND WITHIN ESTABLISHED LI			ESTORE THE INSTRUMENT TO OPERATE			
INSPECTING OFFICER						
I SIGNATURE 3 O A		PRINT FULL NAME				
Sub Sub		schott, chris				
TYPE II PERMÎT NUMBER EXPIRA	TION DATE	TELEPHONE NUMBER				
240142 06/2	1/2026	(314)428-122	1			
RETURN COMPLETED REPORT TO Breath Alcohol Program, Miss by mail, fax, or e-mail		of Health and	d Senior Services,			



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

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
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. 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:Argas USA LLC (Lab) Date:05.15.2023 11:34

Approved for Release:

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

DATE 6/21/2024

DATE 240142

EXPIRES 6/21/2026

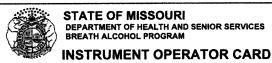
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

MO 580-0771 (6-10)

LAB-4 (R6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired ali in Missouri.

Operator SCHOTT, CHRIS

Permit No 240142

Date Issued 6/21/2024 Date Expires 6/21/2026

