

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 the regular monthly preventive maintenance check (not to exceed 35					
days). Complete this report whenev		_		-	
into service. Retain the original and send a copy within 15 days to the INTOX EC/IR II SN NAME OF AGENCY			DATE OF INSPECTION		
12702	MANCHESTER PD		09/05/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION			
200 Highlands Blvd Manchester			16:36		
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within					
established limits. (Write in observed values where determined). Unmarked items must be corrected					
before using instrument.					
X DIAGNOSTIC RECORD		The beautiful and the second			
X BLANK CHECK	X CO2 CHECK				
		X FLOW CHECK			
X SRC TEMP X FCB		X FCB CHECK	B CHECK		
X DET TEMP X CRC			RC COMP CHECK		
X BT TEMP X CRC CAL C		X CRC CAL CHEC	CK		
X STD 2 TEMP X PRIN			EST		
X ETH CHECK		hanni			
BREATH ANALYZER ACCURACY STANDA	ARDS				
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE					
X STANDARD SUPPLIER INTOX	LOT# AG311004	EXP. DATE 04/20/2025			
SIMULATOR TEMP (34°C +0.2°C)	ISIM. S	54492567//	SIM. NIST EXP		
CALIBRATION CHECK - (ONLY ON	STANDARD IS TO I	RE IISED DED MATN	TENANCE PEDODTI		
X CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)					
Run three tests using a standard solution. All three tests must be within $\pm 5\%$ of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being					
used.					
X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE					
0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE					
0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE					
TEST 1 0.100 g/210L	TEST 2 0.100	J.	TEST 3 0.100 g/210L		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 1	OVER .19	1
LIST ANY NEW PARTS AND DESCRIBE ANY ALTH				1	
SATISFACTORILY AND WITHIN ESTABLISHED LI	MITS (USE OTHER SIDE	IF NECESSARY).		TO OF BIOTIES	
INSPECTING OFFICER				1 "0 '4 (PU , I	
SIGNATURE / Ca Oa		PRINT FULL NAME			
► Soroll (Non 5369		MOORE, LOWELL			
230047 EXPIRA	7/2025	TELEPHONE NUMBER			
		(636)227-1410) 		
RETURN COMPLETED REPORT TO THE:					
Breath Alcohol Program, Missouri Department of Health and Senior Services,					
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: 24-Apr-2023

Lot # AG311004 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

20-Apr-2025

108

Ethanol Nitrogen $0.100 \pm 2\%$ 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

391.8 ppm

EB0010603

392.5 ppm

EB0010570

259.8 ppm

EB0010559

258.9 ppm

EB0010285 EB0010561

209.0 ppm 103.7 ppm

EB0010562 EB0010579

104.2 ppm 52.94 ppm

EB0010681

52.22 ppm

CRM Serial No. CC727481

Concentration

CRM Serial No. CC727493

Concentration

CC727496

800.0 ppm 253.0 ppm

CC727498

390.0 ppm 150.0 ppm

Analytical Method: NDIR

Oigitally signed by:Quality Control Resson:Dry gas standard cartification of analysis Location:Airgas USA LLC (Lab) Date:05.05.2023 12:02

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 LOWELL MOORE

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.

DATE3/27/2023	Mike Massin		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 230047			
EXPIRES 3/27/2025	Davla I. Nichelson		
	DIRECTOR OF DEPARTMENT OF MEALTH AND SENIOR SERVICES		

MO 580-0771 (6-10)

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 all in Missouri.

Operator

MOORE, LOWELL

Permit No 230047 Date Issued 3/27/2023

Date Expires 3/27/2025

