

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

INTOX EC/IR II					REPORT #
Complete this report at the time of	the regular month)	ly preventive ma:	intenance check (not	to exceed 35	
days). Complete this report whenever	er the instrument is	s serviced or rep	paired and whenever	it is placed	
into service. Retain the original a		hin 15 days to th			
INTOX EC/IR II SN 12702	NAME OF AGENCY		DATE OF INSPECTION		
	MANCHESTER PD		10/08/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION		5
200 Highlands Blvd Manchester		11:14			
CHECKLIST: Place a mark in the box	by each item if fou	und to be satisfa	actory or is operati	ng within	
established limits. (Write in obser before using instrument.	ved values where de	etermined). Unma	arked items must 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		A FRINT TEST			
BREATH ANALYZER ACCURACY STANDA	RDS				
SIMULATOR SOLUTION	X COMPRESSED ETHANOL-GAS MIXTURE				
X STANDARD SUPPLIER INTOXI	METERS	LOT# AG311004	EXP.	DATE 04/20/	2025
SIMULATOR TEMP (34°C +0.2°C)	SIM. S	SN	SIM. NIST EXP	DATE	
Run three tests using a standard must have a spread of .000 used. X 0.10% STANDARD - MUST READ 100.08% STANDARD - MUST READ 100.04% STANDARD - MUST READ 100.04% STANDARD - MUST READ 100.100 g/210L INDICATE THE NUMBER OF BREATH THE REFUSALS 1 004 35	5 or less. Mark BETWEEN 0.095% AN BETWEEN 0.076% AN BETWEEN 0.038% AN TEST 2 0.100 ESTS IN THE FOLLO	The box corres D 0.105% INCLU D 0.084% INCLU D 0.042% INCLU g/210L WING RANGES SI	ponding to the st SIVE SIVE TEST 3 0.10 NCE THE LAST MAIN	o g/210L TENANCE REPOR	on being
LIST ANY NEW PARTS AND DESCRIBE ANY ALTER	CATION OR MODIFICATION	THAT WAS MADE TO	RESTORE THE INSTRUMENT	TO OPERATE	
SATISFACTORILY AND WITHIN ESTABLISHED LIM INSPECTING OFFICER	IITS (USE OTHER SIDE I	F NECESSARY).			
SIGNATURE		PRINT FULL NAME			
► Mec s	366	TOEDEBUSCH,	RANDY		
	ION DATE	TELEPHONE NUMBER			
240101 05/07	/2026	(636)227-141	LO		
RETURN COMPLETED REPORT TO	THE:				
		of Wealth and	d Conton C		
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 ± 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 EB0010562 258.9 ppm 104.2 ppm

EB0010579

52.94 ppm

CRM Serial No.

Concentration maa 0.008

CRM Serial No. CC727493

Concentration

CC727481 CC727496

253.0 ppm

CC727498

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: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



LAB-4 (R6-10)

PERMIT TYPE II

RANDY TOEDEBUSCH

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.

DATE5/7/2024	Mike Massin
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240101	
EXPIRES 5/7/2026	Davla J. Nichelson
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)



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 TOEDEBUSCH, RANDY

Permit No 240101

Date Issued 5/7/2024 Date Expires 5/7/2026

