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By Tracy Crews at 7:51 am, Dec 17, 2024



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

INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX EC/IR II SN 12703 NAME OF AGENCY Ellisville PD DATE OF INSPECTION 11/18/2024

LOCATION OF INSTRUMENT (STREET AND CITY) 37 Weis Ave. Ellisville TIME OF INSPECTION 13:52 CST

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.

DIAGNOSTIC RECORD

- BLANK CHECK
- FC 1 TEMP
- SRC TEMP
- DET TEMP
- BT TEMP
- STD 2 TEMP
- ETH CHECK
- CO2 CHECK
- FLOW CHECK
- FCB CHECK
- CRC COMP CHECK
- CRC CAL CHECK
- PRINT TEST

BREATH ANALYZER ACCURACY STANDARDS

- SIMULATOR SOLUTION
- COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER INTOXIMETERS LOT# AG427003 EXP. DATE 09/26/2026
- SIMULATOR TEMP (34°C ±0.2°C) SIM. SN SIM. NIST EXP DATE

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 ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used.

- 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 0.083 g/210L TEST 2 0.083 g/210L TEST 3 0.083 g/210L

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS 0 0-.04 0 .05-.09 0 .10-.14 0 .15-.19 0 OVER .19 0

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

NOVEMBER MAINT

INSPECTING OFFICER

SIGNATURE [Signature] PRINT FULL NAME J JOHNSTON  
TYPE II PERMIT NUMBER 220279 EXPIRATION DATE 12/21/2024 TELEPHONE NUMBER (636) 227-7777

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

**Test Date:** 1-Oct-2024

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

**Lot #** AG427003 **Model** 108

<b>Exp Date</b> 26-Sep-2026	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.080 ± 0.002 BrAC (218 ppm)
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**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.	Concentration
CC727481	799.4 ppm
CC727496	253.4 ppm

CRM Serial No.	Concentration
CC727493	389.8 ppm
CC727498	150.2 ppm

**Analytical Method:** NDIR

Digitally signed by:Quality Control  
 Reason:Dry gas standard certification of analysis  
 Location:Airgas USA LLC (Lab)  
 Date:10.02.2024 08:36

**Approved for Release:** \_\_\_\_\_  
 Yusef Woods

**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

2

**PERMIT**  
**TYPE II**  
**JACOB M. JOHNSTON**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**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.

DATE 12/21/2022

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220279

*Paula F. Nickelson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 12/21/2024

LAB-4 (R6-10)

MO 580-0771 (6-10)

 **STATE OF MISSOURI**  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

*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 JOHNSTON, JACOB  
 Permit No 220279  
 Date Issued 12/21/2022 Date Expires 12/21/2024

