RECEIVED

By Tracy Crews at 10:42 am, May 20, 2024



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

	R II MAINTENA					RT #3
Complete this report at the	time of the regular	monthly pr	eventive main	tenance check (no	t to exceed 35	
days). Complete this report	whenever the instru	ment is ser	viced or repa	ired and whenever	it is placed	
into service. Retain the ori	ginal and send a cor		5 days to the			
12706	SAMESTAN SON ISSUEDING			DATE OF INSPECTION	N	
LOCATION OF INSTRUMENT (STREET A	Lake St. L	Jours PD		05/17/2024		
200 Civic Center Drive La				TIME OF INSPECTION	4	
		16.60	- 3-	06:16 CDT		
CHECKLIST: Place a mark in t established limits. (Write i	n observed values w	here determ	o be satisfac	tory or is operat.	ing within	
before using instrument.	n observed values wi	nere decerm	ined). Olimar	ked Items must be	corrected	
X DIAGNOSTIC RECORD						
X BLANK CHECK		TXI(CO2 CHECK			
X FC 1 TEMP			FLOW CHECK			
X SRC TEMP						
X DET TEMP			FCB CHECK			
) bread			CRC COMP CHE			
X BT TEMP			CRC CAL CHEC	K		
X STD 2 TEMP		X	PRINT TEST			
X ETH CHECK		1.0				
BREATH ANALYZER ACCURACY	STANDARDS		_			
SIMULATOR SOLUTION		X	COMPRESSED E	THANOL-GAS MIXT	JRE	_
X STANDARD SUPPLIER	Intoximeter	LOT	AG309502	EXP	DATE 04/05/2025	
SIMULATOR TEMP (34°C ±0	.2°C)	SIM. SN		SIM. NIST EXP	DATE	
X CALIBRATION CHECK - (ON	LY ONE STANDARD I	S TO BE US	ED PER MAIN	TENANCE REPORT)		
Run three tests using a				SCHOOL STREET, STREET, SALES S		
and must have a spread	of .005 or less.	Mark the	box corresp	onding to the st	andard solution being	le
used.						
X 0.10% STANDARD - MUST						
0.08% STANDARD - MUST	READ BETWEEN 0.0	76% AND 0.	084% INCLUS	IVE		
0.04% STANDARD - MUST	READ BETWEEN 0.03	38% AND 0.	042% INCLUS	IVE		
TECT 1 30 0 100 0 /2101	I mage o	0 100 (0)				
TEST 1 0.100 g/210L	TEST 2	3,		TEST 3 - 0.10	3.	
INDICATE THE NUMBER OF BR	EATH TESTS IN THE	FOLLOWING	RANGES SIN	CE THE LAST MAIN	TENANCE REPORT:	
REFUSALS 0 004	2 05 00					-
	1 .0509)14 1	.1519 0	OVER .19 0	
LIST ANY NEW PARTS AND DESCRIBE ? SATISFACTORILY AND WITHIN ESTABL:	ANY ALTERATION OR MODIFIESHED LIMITS (USE OTHER	R SIDE IF NEC	WAS MADE TO RE	ESTORE THE INSTRUMENT	T TO OPERATE	
MAINT 05-17-24						
INSPECTING OFFICER						
SIGNATURE		DET	T FULL NAME			
	27)	the same of the sa	NSON, RANDA	AT ₁ T ₁		
TYPE II PERMIT NUMBER	EXPIRATION DATE		PHONE NUMBER			
240023	01/26/2026	(6	36) 625-801	8		
RETURN COMPLETED REPO	RT TO THE.					
The state of the s						
Breath Alcohol Program, Missouri Department of Health and Senior Services, by mail, fax, or e-mail						
Marr, ran, or e-marr						

Airgas.

Airgas USA LLC (LAB) 3500 Bernard Street

St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Test Date: 5-Apr-2023

Customer Name

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

Lot # AG309502

Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

5-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.

EB0010581

Concentration 391.8 ppm

EB0010570

259.8 ppm

EB0010285 EB0010561

209.0 ppm 103.7 ppm

EB0010681

52.22 ppm

CRM Serial No.

CC727481 CC727496

Analytical Method: NDIR

Concentration

mag 0.008

253.0 ppm

RGM Serial No.

EB0010603 EB0010559

EB0010562

EB0010579

Concentration

392.5 ppm

258.9 ppm

104.2 ppm 52.94 ppm

CRM Serial No.

CC727493

CC727498

Concentration

390.0 ppm

150.0 ppm

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:04.05.2023 17:55

Approved for Release:

Porl Marsola 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

RANDALL GARRETT HENSON

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

	Sample of expired all. I entrice issued under the previous to estate to
577.020 through 577.041, RSMo and 306.111 through 306.	Mile Massur
DATE1/26/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240023	Davla I. Nicholson
EXPIRES 1/26/2026	Tama 2. 1 featings

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB-4 (R6-10)



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 alcoholic content in breath for the determination of the alcoholic content in breath form of expired air alcoholic content in breath for the expired air al

Operator

HENSON, RANDALL

240023

Date Expires 1/26/2026

