

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

INTOX EC/IR I					REPORT #3
Complete this report at the time of					
days). Complete this report whenever	ver the instrument is	s serviced or repa	ired and whenever	it is placed	
	al and send a copy within 15 days to the				
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION		
12708	OLIVETTE PD		06/14/2024		
LOCATION OF INSTRUMENT (STREET AND CIT	ζ)		TIME OF INSPECTION		
1140 Dielman Rd Olivette			04:06 CDT	111	
CHECKLIST: Place a mark in the box					
established limits. (Write in observed before using instrument.	erved values where de	etermined). Unmar.	ked Items must be	corrected	
X DIAGNOSTIC RECORD					
		X CO2 CHECK			
X BLANK CHECK					
X FC 1 TEMP X FLOW CHECK					
X SRC TEMP		X FCB CHECK			
X DET TEMP		X CRC COMP CHE			
X BT TEMP X CRC CAL CHECK					
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANI	ARDS				
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER INTO	LOT# AG305902				
SIMULATOR TEMP (34°C +0.2°C	SIM.	SN	SIM. NIST EXP	DATE	
X CALIBRATION CHECK - (ONLY ON	THE CHANTON DO TO MO	DE MCED DED MAIN	TENANCE DEDORT		
 					
Run three tests using a star and must have a spread of .0	dard solution. A	ll three tests m	ust be within ±5	% of the stan	dard value
and must have a spread of . (US Of less. Mark	the box correspo	oliding to the st	andard soruci	Oir being
X 0.10% STANDARD - MUST REAL) BETWEEN 0.095% A	ND 0.105% INCLUS	IVE		
0.08% STANDARD - MUST REAL					
0.04% STANDARD - MUST REAL					
TEST 1 0.099 g/210L TEST 2 0.099		g/210L TEST 3 0.099 g/210L			
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					T:
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY AL	PERATION OR MODIFICATION	N THAT WAS MADE TO RE	ESTORE THE INSTRUMENT	TO OPERATE	
SATISFACTORILY AND WITHIN ESTABLISHED	LIMITS (USE OTHER SIDE	IF NECESSARY).			
TINE MATAMENIANGE					
JUNE MAINTENANCE					
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME			
►4D.11Bride 238		McBRIDE, DANIEL			
TYPE II PERMIT NUMBER EXPIR	RATION DATE	TELEPHONE NUMBER	^		
240011 01/	12/2026	(314)645-300	U 		
RETURN COMPLETED REPORT	TO THE:				
Breath Alcohol Program, Mis		of Health and	Senior Service	es,	
hy mail fay 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 63148

Test Date: 28-Feb-2023

Lot # AG305902 Model 108

Exp Date 28-Feb-2025 Cyl. Type

Component

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

Concentration 800.0 ppm 253.0 ppm CRM Serial No. CC727493 CC727498

Concentration 390.0 ppm 150.0 ppm

CC727496
Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airges USA LLC (Leb)

Approved for Release:

Pod Marani

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

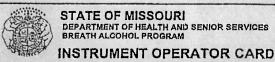
DANIEL McBRIDE

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 section					
DATE1/12/2024	Mike Mason -				
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY				
NUMBER 240011					
EXPIRES 1/12/2026	Daves J. nichelson				
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES				

MO 580-0771 (6-10)

LAB4 (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 air In Missouri.

Operator McBRID Permit No 240011 McBRIDE, DANIEL

Date Issued 1/12/2024 Date Expires 1/12/2026

