

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	er the instrument is	s serviced or repair	ired and whenever	it is placed		
into service. Retain the original a	and send a copy with	nin 15 days to the	DATE OF INSPECTION	ogram, Dras.		
INTOX EC/IR II SN	Olivette Police	Dent	12/22/2024			
12708		Dept.	TIME OF INSPECTION			
LOCATION OF INSTRUMENT (STREET AND CITY 1140 Dielman Rd Olivette			01:16 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.						
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 CAL CHEC				
X BT TEMP			n. 			
X STD 2 TEMP		X PRINT TEST				
X ETH CHECK						
BREATH ANALYZER ACCURACY STANDA	ARDS					
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE		
X STANDARD SUPPLIER INTOX	IMETERS	LOT# AG305902	EXP.	DATE 02/28/2025		
SIMULATOR TEMP (34°C +0.2°C)	SIM. S	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. 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 0.099		g/210L TEST 3 0.099 g/210L		9 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 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). december maintenance						
INSPECTING OFFICER	ALTERNATION OF THE PARTY OF THE					
SIGNATURE	PRINT FULL NAME					
	238	McBRIDE, DANI				
	.2/2026	(314)645-3000)			
RETURN COMPLETED REPORT TO THE:						
Breath Alcohol Program, Missouri Department of Health and Senior Services,						
hy mail fax, or e-mail						



Airgas USA LLC (LAB) 3500 Bernard Streat St. Louis, Mo. 63103 Ph: (314) 633-3100 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. EB0010603 EB0010559 EB0010562 EB0010579

Concentration 392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

CRM Serial No. CC727481 CC727496

Concentration mqq 0.008 253.0 ppm

CRM Serial No. CC727493 CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas stendard certification of analysis Location:Airgas USA LLG (Leb) Date:08.01.2023 17:28

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 ALGOHOL PROGRAM



PERMIT TYPE II

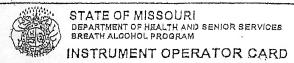
DANIEL MCBRIDE

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

INTOX EC/IR II

577.020 through 577.0	141, RSMo and 306.111 thro	ugh 306.119 RSMo.
DATE1/12/2024_		Mike Mason
DAIE		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240011		Davier J. nichelson
EXPIRES 1/12/2026		DIRECTOR OF DEPARTMENT OF WEATHER

MØ 580-0771 (6-10)



The named cardholder is authorized to operate an evidential breath slochol Instrument for the determination of the elcohollo content in breath form of expired all In Missouri.

Operator McBRIDE, DANIEL

Permit Na · 240011

Date Issued 1/12/2024 Date Expires 1/12/202

