

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

| INTOX EC/IR II  |                                |  |                             |                 | 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   | name of agency                 | in 15 days to the  | DATE OF INSPECTION          | ogram, DHSS.    |           |
| 12809   | Bridgeton Police               | Dent   | 06/11/2024                  |                 |           |
| LOCATION OF INSTRUMENT (STREET AND CITY   |                                |  | TIME OF INSPECTION          |                 |           |
| 12355 Natural Bridge Rd. Bridge   | ,                              |  | 11:23 CDT                   |                 |           |
| CHECKLIST: Place a mark in the box  | nd to be satisfact             | Annual Section Control | ng within                   |                 |           |
| established limits. (Write in obse  |                                |  |                             |                 |           |
| before using instrument.  |                                | , · · · · · · · · · · · · · · · · ·  |                             | 302200000       |           |
| X DIAGNOSTIC RECORD   | <del></del>                    |  |                             |                 |           |
| X BLANK CHECK   |                                | X CO2 CHECK  |                             |                 |           |
| X FC 1 TEMP   |                                | X FLOW CHECK   |                             |                 |           |
|   |                                | X FCB CHECK  |                             |                 |           |
| X DET TEMP X CRC COMP (   |                                |  | ECK                         |                 |           |
|   |                                | X CRC CAL CHEC   |                             |                 |           |
|   |                                |  | K                           |                 |           |
| X STD 2 TEMP  |                                | X PRINT TEST   |                             |                 |           |
| X ETH CHECK   |                                |  |                             |                 |           |
| BREATH ANALYZER ACCURACY STANDA   | ARDS                           |  |                             |                 |           |
| land the second |                                |  | PRESSED ETHANOL-GAS MIXTURE |                 |           |
| X STANDARD SUPPLIER Intox   | imeter, Inc.                   | LOT# AG306807  | EXP.                        | DATE 03/09/2    | 025       |
| SIMULATOR TEMP (34°C +0.2°C)  | SIM. S                         | SN   | SIM. NIST EXP               | DATE            |           |
|   |                                |  |                             |                 |           |
| X 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 0.099 g/210L   | 099 g/210L TEST 2 0.099 g/210L |  | TEST 3 0.099 g/210L         |                 |           |
| INDICATE THE NUMBER OF BREATH   |                                | RANGES SINCE THE LAST MAINTENANCE REPORT:  |                             |                 |           |
|   |                                |  |                             | IDMINOD NEI OKI | •         |
| REFUSALS 0 004 0  | .0509 0                        | .1014 0  | .1519 0                     | OVER .19        | 0         |
| LIST ANY NEW PARTS AND DESCRIBE ANY ALT:<br>SATISFACTORILY AND WITHIN ESTABLISHED L   |                                |  | STORE THE INSTRUMENT        | TO OPERATE      |           |
| INSPECTING OFFICER  |                                |  |                             |                 |           |
| SIGNATURE   |                                | PRINT FULL NAME  |                             |                 |           |
|   | Del - Lilly 238 MILLER, TIM    |  | HY                          |                 |           |
|   | ATION DATE                     | TELEPHONE NUMBER   | -                           |                 |           |
| 220227  |                                | (314)739-755   | 1                           |                 |           |
| 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**

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

Test Date: 13-Mar-2023

Lot # AG306807 Model 108

Exp Date 9-Mar-2025 Cyl. Type 108 Component

**Certified Concentration** 

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. EB0010603 EB0010559 EB0010562 EB0010579 Concentration 392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

CRM Serial No. CC727481 CC727496

Concentration 800.0 ppm 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 standard certification of analysis Location:Airgas USA LLC (Lab) Date:03.16.2023 13:02

Approved for Release:

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 TIMOTHY S. MILLER

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.

| DATE9/9/2022     | Lama G. Nay  |
|------------------|--|
|                  | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY           |
| NUMBER 220227    | Donnal S. Kannan                                     |
| EXPIRES 9/9/2024 |  |
|                  | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES |

MO 580-0771 (6-10)

LAB-4 (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 ai in Missouri.

Operator MILLER, TIMOTHY

Permit No 220227 Date Issued 9/9/2022

Issued 9/9/2022 Date Expires 9/9/2024

