

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

INTO	K EC/IR II	MAINTEN?	ANCE	REPORT			REPORT #
Complete this report	at the time o	f the regular	month	ly preventive main	tenance check (not	to exceed 35	
days). Complete this	-			_		_	
into service. Retain	the original			hin 15 days to the			
INTOX EC/IR II SN NAME OF AGENCY					DATE OF INSPECTION		
12812 DESOTO P.D.					09/02/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)					TIME OF INSPECTION	l	
17 BOYD DESOTO CHECKLIST: Place a mark in the box by each item if fou					04:55 CDT		
		-				=	
established limits. before using instrum	•	cved values w	nere de	etermined). Unmar	ked items must be	corrected	
X DIAGNOSTIC RECOR							·····
X BLANK CHECK				X CO2 CHECK			
X FC 1 TEMP				X FLOW CHECK			
X SRC TEMP				X FCB CHECK			
				X CRC COMP CHECK			
X DET TEMP				least			
X BT TEMP				X CRC CAL CHECK			
X STD 2 TEMP		<u> </u>		X PRINT TEST			
X ETH CHECK							
BREATH ANALYZER AC	CURACY STANDA	RDS		·			
X SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE							
X STANDARD SUPPLIE		Laboratories	;	LOT# 22430	EXP.	DATE 11/30/	⁷ 2024
X SIMULATOR TEMP (34°C ±0.2°C) SIM.				SN .	SIM. NIST EXP DATE		
34C +/2C			MP4951	Ļ	10/16/2024		
X CALIBRATION CHEC	K - (ONLY ONE	STANDARD I	S TO E	E USED PER MAIN	TENANCE REPORT)		
Run three tests and must have a used.	using a stand spread of .00	lard solution 5 or less.	n. Al Mark	1 three tests m the box correspo	ust be within ±5 onding to the st		
	- MUST READ	BETWEEN 0.0	76% AN	D 0.105% INCLUS: D 0.084% INCLUS: D 0.042% INCLUS:	IVE		
TEST 1 🐡 0.103 g/2	TEST 2 3 0.104 g/210L			TEST 3 🐡 0.104 g/210L			
INDICATE THE NUMBER	R OF BREATH T	ESTS IN THE	FOLLO	WING RANGES SING	CE THE LAST MAIN	TENANCE REPOR	RT:
				<u>.</u>			
REFUSALS 0 0	004 0	.0509	0	.1014 0	.1519 0	OVER .19	0
LIST ANY NEW PARTS AND I SATISFACTORILY AND WITHI					STORE THE INSTRUMENT	TO OPERATE	
INSPECTING OFFICER	:						
SIGNATURE				PRINT FULL NAME			
· Jene				SCHURMAN, JACOB			
TYPE II PERMIT NUMBER 230235		rion date 1/2025		TELEPHONE NUMBER (636)586-8891			
RETURN COMPLETE	D REPORT TO	THE:					
Breath Alcohol Pr			tment	of Health and	Senior Service	es,	
by mail, fax. or	-	- T-		200 100 100 100 100 100 100 100 100 100		•	



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 22430 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on December 1, 2022, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is November 30, 2024 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORAT ORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN03052002 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



PERMIT TYPE II

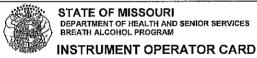
JACOB SCHURMAN

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. Mile Mason DATE ____10/31/2023__ DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 230235 Daven J. Michelson EXPIRES 10/31/2025 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 all in Missouri.

Operator Permit No

SCHURMAN, JACOB 230235

Date Issued 10/31/2023 Date Expires 10/31/2025

