

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

INTOX EC/IR II MAINTENANCE 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 a	the state of the s	in 15 days to the		ogram, DHSS.	
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION		
12814	Maryland Heights		06/27/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION			
11911 DORSETT RD MARYLAND HEIGHTS			11:22 CDT		
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 CRC COMP CHEC	ער		
X DET TEMP					
X BT TEMP		X CRC CAL CHECK			
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STAND	ARDS				
SIMULATOR SOLUTION		X COMPRESSED ET	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER INTOX	IMETERS, INC	LOT# AG319402		DATE 07/13/2025	
			SIM. NIST EXP I		
SIMULATOR TEMP (34°C ±0.2°C)	, pim. p	DIV	SIM. NISI EAF I	DATE	
X CALIBRATION CHECK - (ONLY ON	E STANDARD IS TO B	E USED PER MAINT	TENANCE REPORT)		
Run three tests using a stand	dard solution. Al	1 three tests mu	st be within +5%	of the standard value	
and must have a spread of .0	05 or less. Mark	the box correspo	onding to the sta	andard solution being	
used.					
X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE					
0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	D 0.042% INCLUS	IVE		
TEST 1 © 0.099 g/210L	TEST 2 3 0.099	g/210L	TEST 3 😇 0.099 g/210L		
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLLO	WING RANGES SINC	CE THE LAST MAINT	TENANCE REPORT:	
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 0	OVER .19 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALT			STORE THE INSTRUMENT	TO OPERATE	
SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).					
INSPECTING OFFICER					
SIGNATURE / /// PRINT FULL NAME					
Matter / L/	FRY, MATTHEW				
	ATION DATE .	TELEPHONE NUMBER			
240026 02/0	02/2026	(314)298-8700	)		
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-Jul-2023

Lot # AG319402 Model 108

**Exp Date** 

Cyl. Type

Component

**Certified Concentration** 0.100 ± 2% BrAC (272 ppm)

13-Jul-2025 108

Ethanol

Nitrogen

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 209.0 ppm EB0010285 103.7 ppm EB0010561 52.22 ppm EB0010681

Concentration **RGM Serial No.** 392,5 ppm EB0010603 EB0010559 258.9 ppm EB0010562 104.2 ppm EB0010579 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:Afgas USA LLC (Lab) Date:07:13:2023 16:59

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

## **MATTHEW FRY**

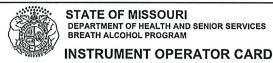
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

### **INTOX EC/IR II**

111111111111111111111111111111111111111					
	ermination of the alcoholic content of blood from	om a sample of expired air. Permit issued under the provisions of section			
077.020 til	rough 377.041, Nowo and 300.111 though				
DATE2	2/2/2024	Mike Massur			
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 2	240026				
		Davla I. Nichelson			
EXPIRES 2	2/2/2026				
		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 air in Missouri.

Operator

FRY, MATTHEW

Permit No 240026 Date Issued 2/2/2024

Date Expires 2/2/2026

