

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

INTOX EC/IR II				REPORT	т #3
Complete this report at the time of		To (1774)			
days). Complete this report whenever				_	
into service. Retain the original at INTOX EC/IR II SN	NAME OF AGENCY	in 15 days to the	DATE OF INSPECTION	ogram, DHSS.	
12816	GREENE COUNTY SO	2	05/02/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)	GREENE COUNTY 50	·	TIME OF INSPECTION		
	I.D. MO		12:46 CDT		
1199 N. HASELTINE RD. SPRINGFIELD MO CHECKLIST: Place a mark in the box by each item if found to be satisfac		nd to be satisfact		ag within	
established limits. (Write in observ				See Divinion American Control	
before using instrument.	Tou Turado Miloro act	colmination, colman	ica reemb made be	orrected	
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK		(8 11 8)	
X FC 1 TEMP		X FLOW CHECK			
X SRC TEMP X FCB CHECK					
X DET TEMP		X CRC COMP CHEC	OV.		
X BT TEMP		X CRC CAL CHECK	K		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	RDS		2.2		
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER Intoxi	meters	LOT# AG331103	EXP.	DATE 11/07/2025	
SIMULATOR TEMP (34°C +0.2°C)	SIM. S	N	SIM. NIST EXP	DATE	
	3000		Supplier Control of the Control of t		
X CALIBRATION CHECK - (ONLY ONE	CMANDARD TC TO B	E HCED DED WATN	TENANCE PEDODEN		
Run three tests using a stand			renamental Mercental Statement - 1980 and renamed the Commence of		e
and must have a spread of .00 used.	5 Of less. Mark	the box correspo	onding to the sta	indard solution being	
X 0.10% STANDARD - MUST READ	DETWEEN O OGES AN	D 0 105% TNCILIC	TVE		
0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ					
	221112211 010300 121	2 0.0120 1.0200.			
TEST 1 3 0.099 g/210L	TEST 2 😇 0.099	g/210L	TEST 3 🐷 0.09	9 g/210L	Const.
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SING	THE LAST MAIN	TENANCE REPORT:	
REFUSALS 0 004 5	.0509 0	.1014 2	.1519 2	OVER .19 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE			STORE THE INSTRUMENT	TO OPERATE	
SATISFACTORILY AND WITHIN ESTABLISHED LI	MITS (USE OTHER SIDE I	F NECESSARY).			
INSPECTING OFFICER					
SIGNATURE / ()		PRINT FULL NAME		The second of th	-1107
		COLTON PENDER	GRASS		
	TION DATE	TELEPHONE NUMBER	•		
240081 04/02	2/2026	(417)868-4040)		
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: 8-Nov-2023

Lot # AG331103 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

7-Nov-2025

108

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	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

CRM Serial No.

Concentration 799.4 ppm

CRM Serial No.

Concentration

CC727481 CC727496

253.4 ppm

CC727493 CC727498

389.8 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:11.09.2023 19:42

Approved for Release:

Yusef Woods

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

COLTON PENDERGRASS

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

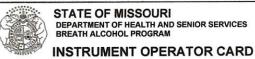
ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

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.

DATE	4/2/2024	Mike Massin
DAIL WAILE		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	240081	Davla I. Nichelson
EXPIRES	4/2/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND 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

Operator PENDERGRASS, COLTON

ermit No 240081

Date Issued 4/2/2024 Date Expires 4/2/2026

