

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

### THYOY EC/TE IT MAINTENANCE REPORT

DEDODE 43

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					
	nto service. Retain the original and send a copy within 15 days to the I				
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION 07/03/2024		
12816			TIME OF INSPECTION		
LOCATION OF INSTRUMENT (STREET AND CITY) 1199 N. HASELTINE RD. SPRINGFIELD MO			22:02 CDT		
CHECKLIST: Place a mark in the box by each item if found to be satisfied.				g within	
established limits. (Write in obser					
before using instrument.	vou varaos miero des	,			
X DIAGNOSTIC RECORD					
X BLANK CHECK X CO2 CHECK					
X FC 1 TEMP X FLOW CHECK		X FLOW CHECK			
		X FCB CHECK			
		X CRC COMP CHEC	CHECK		
X BT TEMP X CRC CA		X CRC CAL CHECK	CHECK		
X STD 2 TEMP X PRINT TEST					
X ETH CHECK				7	
BREATH ANALYZER ACCURACY STANDA	RDS				
			ETHANOL-GAS MIXTURE		
		OT# AG331103	EXP. DATE 11/07/2025		
SIMULATOR TEMP (34°C ±0.2°C) SIM. S		1	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 0.099 g/210L TEST 2 0.099		g/210L	TEST 3 ** 0.099 g/210L		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS 0 004 0	.0509 1	.1014 1	.1519 3	OVER .19 3	
LIST ANY NEW PARTS AND DESCRIBE ANY ALT SATISFACTORILY AND WITHIN ESTABLISHED LINSPECTING OFFICER	ERATION OR MODIFICATION IMITS (USE OTHER SIDE IF	THAT WAS MADE TO RI F NECESSARY). PRINT FULL NAME GRISHAM, JERI		TO OPERATE	
TYPE II PERMIT NUMBER EXPIRATION DATE TELEPHONE NUM					
240078	02/2026	(417)868-404	0		
RETURN COMPLETED REPORT To Breath Alcohol Program, Mis		of Health and	l Senior Service	es,	



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

# **Certificate of Analysis**

Test Date: 8-Nov-2023

**Customer Name Exclusive Supplier** Intoximeters, Inc.

2081 Craig Road St. Louis, Mo 63146

Lot # AG331103 Model 108

Exp Date 7-Nov-2025 Cyl. Type

Component

**Certified Concentration** 

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 391.8 ppm EB0010581 259.8 ppm EB0010570 EB0010285 209.0 ppm 103.7 ppm EB0010561 52.22 ppm

**RGM Serial No.** EB0010603 EB0010559

392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

Concentration

EB0010681

EB0010562 EB0010579

Concentration

CRM Serial No. CC727481 CC727496

Concentration 799.4 ppm 253.4 ppm

**CRM Serial No.** 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 JEREMY GRISHAM

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

DATE 4/2/2024

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

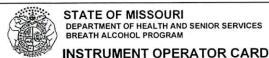
Parla J. Nichelson

EXPIRES 4/2/2026

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 GRISHAM, JEREMY

Permit No

240077

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

