

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 wheneve					
into service. Retain the original and send a copy within 15 days to the			DATE OF INSPECTION	ogram, DHSS.	
12816	NAME OF AGENCY GREENE COUNTY SO		09/04/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)	GREENE GOORITE DO		TIME OF INSPECTION		
1199 N. HASELTINE RD. SPRINGFIELD MO			17:20 CDT		
CHECKLIST: Place a mark in the box by each item if found to b			SOLD CONTROL RESIDENCE	ng within	
established limits. (Write in obser					
before using instrument.		7000 to	, Andrewski sociestici i servini servi		
X DIAGNOSTIC RECORD			8		
X BLANK CHECK X CO2 CHEC		X CO2 CHECK			
X FC 1 TEMP X FLO		X FLOW CHECK	FLOW CHECK		
X SRC TEMP	The Atlanta of the At				
X DET TEMP X CRC COMP CHEC			CK		
X BT TEMP X CRC CAL CHE		X CRC CAL CHEC	K		
X STD 2 TEMP		X PRINT TEST		-	
X ETH CHECK			-		
BREATH ANALYZER ACCURACY STANDA	RDS			200	
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE					
X STANDARD SUPPLIER Intoxi	meters	LOT# AG331103		DATE 11/07/2025	
SIMULATOR TEMP (34°C +0.2°C)	SIM. S	N	SIM. NIST EXP	N N	
X CALIBRATION CHECK - (ONLY ONE	ב של אנו אל הא	P HOPD DED MATNE	TENANCE DEDODEN		
hamed					
Run three tests using a stand and must have a spread of .00					
used.	or robb. Mark	ene box correspo	maring to the sta	andard solution being	
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	EVE		
			<u> </u>		
TEST 1 0.099 g/210L	TEST 2 * 0.099	g/210L	TEST 3 9 0.099 g/210L		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
	A COMPANIE MANAGEMENT 24	05 00000000000000000000000000000000000	MATRITURE SERVICES WEST		
REFUSALS 1 004 1	.0509 1	.1014 1	.1519 2	OVER .19 4	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE SATISFACTORILY AND WITHIN ESTABLISHED LI			STORE THE INSTRUMENT	TO OPERATE	
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME			
► (VY)-)		GRISHAM, JERE	MY		
TYPE II PERMIT NUMBER EXPIRA	FION DATE	TELEPHONE NUMBER	*		
240079 04/03	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:

Concentration	RGM Serial No.	Concentration
391.8 ppm	EB0010603	392.5 ppm
259.8 ppm	EB0010559	258.9 ppm
209.0 ppm	EB0010562	104.2 ppm
103.7 ppm	EB0010579	52.94 ppm
52.22 ppm		encoalmon rouse on \$50. \$ Chartaines
	391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm	391.8 ppm EB0010603 259.8 ppm EB0010559 209.0 ppm EB0010562 103.7 ppm EB0010579

CRM Serial No. Concentration CRM Serial No. Concentration CC727481 799.4 ppm CC727493 389.8 ppm CC727496 253.4 ppm CC727498 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 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 4/2/2024	Mike Massur		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 240077			
EXPIRES 4/2/2026	Davla I. Nichelson		
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB-4 (R6-10)		