

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

## INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

ANY THE TAX						
Complete this report at the time of	f the regular month	nly preventive main	tenance check (no	t to exceed 35		
days). Complete this report whenev	er the instrument i	is serviced or repa	ired and whenever	it is placed		
	ain the original and send a copy within 15 days to the			Breath Alcohol Program, DHSS.		
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION			
12818	ST. ANN PD		06/27/2024			
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION			
10405 St. Charles Rock R St. A		05:35 CDT				
CHECKLIST: Place a mark in the box	by each item if fo	ound to be satisfact	tory or is operat:	ing within		
established limits. (Write in observed values where determined). Unmarked items must be corrected						
before using instrument.						
X DIAGNOSTIC RECORD						
X BLANK CHECK						
X FC 1 TEMP						
X SRC TEMP						
X DET TEMP						
X BT TEMP						
X STD 2 TEMP						
X ETH CHECK						
BREATH ANALYZER ACCURACY STANDARDS						
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE						
X STANDARD SUPPLIER INTOXIMETERS LOT# AG309502 EXP. DATE 04/05/2025						
SIMULATOR TEMP (34°C +0.2°C)	SIM.	SN	SIM. NIST EXP	DATE		
X CALIBRATION CHECK - (ONLY ON	STANDARD IS TO	BE USED PER MAINT	ENANCE 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 0.100 g/210L	TEST 2 0.100	0.100 g/210L TEST 3 0.100 g/210L				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS 0 004 3	.0509 0	.1014 0	.1519 0	OVER .19	0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE	RATION OR MODIFICATION	N THAT WAS MADE TO RE	STORE THE INSTRUMENT	TO OPERATE		
SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).						
By Tracy Crews at 7:12 am, Jun 27, 2024						
INSPECTING OFFICER		PRINT FULL NAME				
SIGNATURE		SONTHEIMER, ERIC				
TODE IT DEPMIT NUMBER IEXPIRAT	EXPIRATION DATE		TELEPHONE NUMBER			
	/2025	(314) 427-8000	0.0			
230033						
RETURN COMPLETED REPORT TO	THE:					
Breath Alcohol Program, Missouri Department of Health and Senior Services,						
by mail, fax, or e-mail						
NI MOTTI TONI OT C MOTT						



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: 5-Apr-2023

Lot # AG309502 Model 108

Exp Date 5-Apr-2025

Cyl. Type

108

Component

Ethanol Nitrogen Certified Concentration 0.100 ± 2% BrAC (272 ppm)

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
EB0010285 209.0 ppm
EB0010561 103.7 ppm
EB0010681 52.22 ppm

RGM Serial No. EB0010603 EB0010559 EB0010562 EB0010579

392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

Concentration

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:Airgas USA LLC (Lab) Date:04.05.2023 17:55

Approved for Release:

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07