

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

THIOX EC	TK TT	MATUTENA	NCE .	KEPOKT			REPORT #3	
Complete this report at the								
days). Complete this repor								
into service. Retain the	the first of the second second second second		in 15 days to the					
INTOX EC/IR II SN		NAME OF AGENC			DATE OF INSPECTION			
12818						07/30/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)					TIME OF INSPECTION			
10405 St. Charles Rock R St. Ann CHECKLIST: Place a mark in the box by each item if for				18:17 CDT				
[18] [18] [18] [18] [18] [18] [18] [18]								
established limits. (Write before using instrument.	e in obser	ved values wi	iere de	termined). Officers	red Items must be	COLLECTE		
X DIAGNOSTIC RECORD								
X BLANK CHECK				X CO2 CHECK				
X FC 1 TEMP				X FLOW CHECK				
X SRC TEMP								
				A 1 CD CIIDCR				
X DET TEMP				X CRC COMP CHECK				
X BT TEMP				X CRC CAL CHECK				
X STD 2 TEMP				X PRINT TEST				
X ETH CHECK				Marie Marie Constant				
BREATH ANALYZER ACCURAC	CY STANDA	RDS						
SIMULATOR SOLUTION				X COMPRESSED ETHANOL-GAS MIXTURE				
X STANDARD SUPPLIER INTOXIMETERS				LOT# AG309502 EXP. DATE 04/05/2025			2025	
SIMULATOR TEMP (34°C +0.2°C) SIM.				N SIM. NIST EXP DATE				
CALIBRATION CUECK	/ONLY ONE	CTANDARD T	C TO B	F HEFD DED MATNI	TENANCE REPORT)			
X CALIBRATION CHECK -							7 7	
Run three tests using and must have a spreaused.	g a standad ad of .00	ard solutions or less.	n. Al Mark	the box correspo	onding to the st	% of the stan andard soluti	on being	
			050 33	D 0 1050 TNGT HG				
X 0.10% STANDARD - M								
0.08% STANDARD - M								
U.04% STANDARD - M	USI KEAD	DEIWEEN 0.0	30% AN	D 0.042 % INCHOSI				
TEST 1 0.100 g/210L TEST 2 0.			0.100	g/210L	TEST 3 0.10	TEST 3 0.100 g/210L		
INDICATE THE NUMBER OF BREATH TESTS IN THE FO				WING RANGES SINC	TENANCE REPOR	T:		
REFUSALS 0 004			0		.1519 1	OVER .19	0	
LIST ANY NEW PARTS AND DESCRI					STORE THE INSTRUMENT	TO OPERATE		
SATISFACIONIBL AND WITHIN 251								
INSPECTING OFFICER								
SIGNATURE				PRINT FULL NAME CONTRUCTMED EDIC				
	PERMIT NUMBER EXPIRATION DATE			SONTHEIMER, ERIC				
TYPE II PERMIT NUMBER 230053	03/27/2025			TELEPHONE NUMBER (314)427-8000				
RETURN COMPLETED RI								
Breath Alcohol Progra	am, Miss	ouri Depar	tment	of Health and	Senior Service	es,		
	ail							



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. Concentration
EB0010603 392.5 ppm
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 Restron: Dry gas standard certification of analysis Location: Areas USA LLC (Lab)

Approved for Release:

Rod Marsala

Roll Marocla

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