

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

INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

Complete this report at the time o						
days). Complete this report whenev						
INTOX EC/IR II SN	service. Retain the original and send a copy within 15 days to th			DATE OF INSPECTION		
12818	THE OF AGENCY		09/01/2024			
LOCATION OF INSTRUMENT (STREET AND CITY		TIME OF INCRECTION				
10405 St. Charles Rock R St. A		18:37 CDT				
	and to be gatigfac		ng within			
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected						
before using instrument.						
X DIAGNOSTIC RECORD						
X BLANK CHECK X CO2 CHECK						
X FC 1 TEMP						
X SRC TEMP						
X DET TEMP X CRC COMP CHECK						
A one						
	the state of the same of the same of the same					
BREATH ANALYZER ACCURACY STANDARDS						
SIMULATOR SOLUTION			THANOL-GAS MIXTU	A STATE OF THE PROPERTY OF THE		
X STANDARD SUPPLIER INTOX	IMETERS	LOT# AG309502	EXP.	DATE 04/05/2025		
SIMULATOR TEMP (34°C +0.2°C)	SIM. S	SN	SIM. NIST EXP	DATE		
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. 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 g/210L			TEST 3 0.100 g/210L			
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS 2 004 1	.0509 0	.1014 0	.1519 1	OVER .19 1		
LIST ANY NEW PARTS AND DESCRIBE ANY ALT			ESTORE THE INSTRUMENT			
SATISFACTORILY AND WITHIN ESTABLISHED L RECEIVED By Tracy Crews at 8:17 am, Sep 03, 2024				TO OPERATE		
INSPECTING OFFICER						
SIGNATURE		PRINT FULL NAME				
		SONTHEIMER, ERIC				
TYPE II PERMIT NUMBER 230053 EXPIRATION DATE 03/27/2025		TELEPHONE NUMBER (314)427-8000				
RETURN COMPLETED REPORT TO	O THE:					
Breath Alcohol Program, Miss by mail, fax, or e-mail		of Health and	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

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

Certified Concentration $0.100 \pm 2\%$ BrAC (272 ppm)

Ethanol

Nitrogen

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

Concentration 392.5 ppm 258.9 ppm 104.2 ppm 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 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