



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					
days). Complete this report whenever		₩			
into service. Retain the original a	nd send a copy with	nin 15 days to the	DATE OF INSPECTION		
INTOX EC/IR II SN 12819	WAYNESVILLE POL	TCE DEDT	10/01/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)		ICE DEFI	TIME OF INSPECTION		
601 Historic 66 WAYNESVILLE			02:07 CDT		
CHECKLIST: Place a mark in the box	by each item if for	ind to be satisfact	150 S 10 S	ng within	
established limits. (Write in obser	1 T				
before using instrument.					
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP		X FLOW CHECK			
X SRC TEMP		X FCB CHECK			
X DET TEMP		X CRC COMP CHEC	אי		
X BT TEMP		X CRC CAL CHECK			
Land					
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	RDS				
SIMULATOR SOLUTION		X COMPRESSED ET	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER Intoxi	meters	LOT# AG408806	EXP.	DATE 03/28/20	026
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	SN	SIM. NIST EXP	DATE	
_			1		
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO E	BE USED PER MAINT	ENANCE REPORT)		
				k of the stand;	ard value
Run three tests using a standard solution. All three tests must be within $\pm 5\%$ 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% AN	ND 0.105% INCLUSI	VE		
0.08% STANDARD - MUST READ	BETWEEN 0.076% AN	D 0.084% INCLUSI	VE		
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	ND 0.042% INCLUSI	VE		
		· · · · · · · · · · · · · · · · · · ·			
TEST 1 0.100 g/210L	TEST 2 0.100	g/210L	TEST 3 0.100	) g/210L	
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SINC	E THE LAST MAINT	ENANCE REPORT:	t
REFUSALS 0 004 10	.0509 0	.1014 1	.1519 0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE SATISFACTORILY AND WITHIN ESTABLISHED LI			STORE THE INSTRUMENT	TO OPERATE	
SATISFACIONIDI AND WITHIN ESTABLISHED DI	ALIS (ODE OTHER SIDE I	II NECESSARI).			
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME			
TYPE II PERMIT NUMBER JEXPIRAT	TION DATE	MOORE, BRIAN TELEPHONE NUMBER			
The second of th	1/2025	(573)774-2414			
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: 28-Mar-2024

Lot # AG408806 Model 108

**Exp Date** 

Cyl. Type

Component

**Certified Concentration** 

28-Mar-2026

108

Ethanol

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

Nitrogen

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

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:03.29.2024 08:02

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 **BRIAN MOORE**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

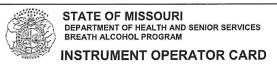
## **INTOX EC/IR II**

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. M. l. Manne

DATE10/31/2023	1 Time 1 Response
DAIL	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230240	Davla J. Nichselson
EXPIRES 10/31/2025	Tavea s. 1 jesselson
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
C 700 0774 (C 40)	LAR AUDIC 4

MO 580-0771 (6-10)

LAB-4 (RG-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 MOORE, BRIAN Permit No 230240

Date Issued 10/31/2023 **Date Expires** 10/31/2025

