

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 o	t the regular month	aly preventive mair	ntenance check (no	t to exceed 35	
days). Complete this report whenev	er the instrument i	s serviced or repa	aired and whenever	it is placed	
INTOX EC/IR II SN	into service. Retain the original and send a copy within 15 days to the INTOX EC/IR II SN NAME OF AGENCY		DATE OF INSPECTION		
12819	WAYNESVILLE POI	LICE DEPT	11/02/2024	••	
LOCATION OF INSTRUMENT (STREET AND CITY	LOCATION OF INSTRUMENT (STREET AND CITY)			N	
601 Historic 66 WAYNESVILLE			21:51 CDT		
CHECKLIST: Place a mark in the box	ound to be satisfac	tory or is operat:	ing within		
established limits. (Write in obse	rved values where d	etermined). Unmar	ked items must be	corrected	
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 CHE	CRC COMP CHECK		
X BT TEMP					
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	PDG				
SIMULATOR SOLUTION		COMPRECED E	TUANOT CAC MIVE	ID E	
	motora	LOT# AG408806	THANOL-GAS MIXTURE		70000
	meters			DATE 03/28,	72026
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	SN	SIM. NIST EXP	DATE	
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO E	BE USED PER MAIN	TENANCE REPORT)		
Run three tests using a stand	ard solution. Al	ll three tests mu	ıst be within <u>+</u> 5	% of the star	ndard value
and must have a spread of .00 used.	5 or less. Mark	the box correspo	onding to the st	andard soluti	ion being
X 0.10% STANDARD - MUST READ					
0.08% STANDARD - MUST READ 1					
0.04% STANDARD - MOST READ	SEIWEEN U.U38% AN	ID 0.042% INCLUSI	LVE		
TEST 1 0.100 g/210L	TEST 2 1 0.100	g/210L	TEST 3 - 0.10	0 g/210I	
INDICATE THE NUMBER OF BREATH TE		J	2,		
INDICATE THE NUMBER OF BREATH TO	SIS IN THE FOLLO	WING KANGES SINC	E THE LAST MAIN	TENANCE REPOR	.T:
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTER		2 10 10 10 10 10 10 10 10 10 10 10 10 10		Activities to the control of the con	
SATISFACTORILY AND WITHIN ESTABLISHED LIM	ITS (USE OTHER SIDE I	F NECESSARY).			
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME		Solver Service Control	020202000000000000000000000000000000000
► 5/E=#7/	72	BRIAN MOORE			
The state of the s	ON DATE	TELEPHONE NUMBER			
230240 10/31	/2025	(573)774-2414			
RETURN COMPLETED REPORT TO	THE:				
Breath Alcohol Program, Misso	uri Department	of Health and	Senior Service	s,	
by mail, fax, or e-mail	- San				



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** 28-Mar-2026 Cyl. Type 108

Component

**Certified Concentration** 

Ethanol

Nitrogen

0.100 ± 2% BrAC (272 ppm)

#### 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 389.8 ppm CC727481 799.4 ppm CC727493 253.4 ppm CC727498 150.2 ppm CC727496

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 de	termination of the alcoholic content of blood from a sa	mple of expired air. Permit issued under the provisions of section:
577.020 t	through 577.041, RSMo and 306.111 through 306.119	RSMo.
		Mike Massur
DATE	10/31/2023	1. (DE 1. ROJUGO
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	230240	
EVDIDES	10/31/2025	Davla I. Neclaceson
EXPINES		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

