

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 whenev						
into service. Retain the original and send a copy within 15 days to the INTOX EC/IR II SN NAME OF AGENCY				ogram, DHSS.		
12820	WASHINGTON POLI	רפ הפסת	DATE OF INSPECTION 07/03/2024			
LOCATION OF INSTRUMENT (STREET AND CITY		CE DEPI	TIME OF INSPECTION			
301 Jefferson St. Washington			02:30 CDT			
CHECKLIST: Place a mark in the box by each item if for		and to be satisfas		na within		
established limits. (Write in obse						
before using instrument.	area varies micro a	occimination, onmar	red reems mase be	COTTECCEU		
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		CRC COMP CHECK				
X BT TEMP		- James I	X CRC CAL CHECK			
X STD 2 TEMP		100 - 100 -				
N Barrier .		X PRINT TEST				
X ETH CHECK						
BREATH ANALYZER ACCURACY STAND	ARDS					
SIMULATOR SOLUTION	X COMPRESSED ETHANOL-GAS MIXTURE					
X STANDARD SUPPLIER INTOX	IMETER	LOT# AG305102	EXP.	DATE 02/20/202	5	
SIMULATOR TEMP (34°C ±0.2°C)	SIM.	SN	SIM. NIST EXP	DATE		
_						
X CALIBRATION CHECK - (ONLY ON	E STANDARD IS TO 1	BE USED PER MAIN	PENANCE 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						
11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ř					
TEST 1 0.100 g/210L TEST 2 0.099 g/210		g/210L	TEST 3 0.099 g/210L			
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS 1 004 15	.0509 0	.1014 0	.1519 1	OVER .19 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALT SATISFACTORILY AND WITHIN ESTABLISHED L			STORE THE INSTRUMENT	TO OPERATE		
SATISFACIORIDI AND WITHIN ESTABLISHED D	IMITS (USE OTHER SIDE .	IF NECESSARI/.				
2						
INSPECTING OFFICER						
SIGNATURE A Library	- P	PRINT FULL NAME				
	WITON DAME	JOSEPH KAPUST	KA			
	1/2024	STREET STREET,	1			
00/1		1 (636) (90-105))			
		(636)390-1050	,			
RETURN COMPLETED REPORT T	O THE:					
RETURN COMPLETED REPORT T Breath Alcohol Program, Miss	O THE:			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: 20-Feb-2023

Lot # AG305102 Model 108

Exp Date 20-Feb-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. EB0010581

Concentration

391.6 ppm

EB0010285 EB0010561

EB0010681

EB0010570

259.8 ppm

103.7 ppm

209.0 ppm

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 confileation of analysis Location Afgas USA LLC (Lab) Data 02:20,2023 17:37

Approved for Release:

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 JOSEPH E. KAPUSTKA

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.

DATE

8/11/2022

MINISTE 23/119"

EXPIRÉS 8/11/2024

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DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Danka J. Michaelson

DIRECTOR OF THE PARTISON OF THAT I CAMB STATOR SERVICES

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