

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

| INTOX EC/IR II MAINTENANCE REPORT #3  |  |                                   |  |
|---|--|-----------------------------------|--|
| Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35  |  |                                   |  |
| days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed   |  |                                   |  |
|   | and send a copy within 15 days to the    |                                   |  |
| INTOX EC/IR II SN   | NAME OF AGENCY                           | DATE OF INSPECTION                |  |
| 12825   | MARYLAND HEIGHTS POLICE                  | 10/05/2024 TIME OF INSPECTION     |  |
| LOCATION OF INSTRUMENT (STREET AND CITY)  |  | 02:49 CDT                         |  |
| 11911 DORSETT RD. MARYLAND HEIGHTS  |  |                                   |  |
| 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 FLOW CHECK                             |                                   |  |
| X SRC TEMP  | X FCB CHECK                              |                                   |  |
| X DET TEMP  | X CRC COMP CH                            | ECA                               |  |
|   |  |                                   |  |
| X BT TEMP   | X CRC CAL CHE                            | CK                                |  |
| X STD 2 TEMP  | M PRINT TEST                             |                                   |  |
| X ETH CHECK   |  |                                   |  |
| BREATH ANALYZER ACCURACY STANDARDS  |  |                                   |  |
| SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE   |  |                                   |  |
| X STANDARD SUPPLIER INTOX   | IMETERS, INC. LOT# AG319402              | EXP. DATE 07/13/2025              |  |
| SIMULATOR TEMP (34°C +0.2°C)  | SIM. SN                                  | SIM. NIST EXP DATE                |  |
|   |  |                                   |  |
| CALTERATION CHECK - (ONLY ON  | E STANDARD IS TO BE USED PER MAI         | NTENANCE 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  |  |                                   |  |
|   |  |                                   |  |
| TEST 1 0.098 g/210L   | TEST 2 0.098 g/210L                      | TEST 3 0.098 g/210L               |  |
| INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  |  |                                   |  |
|   |  |                                   |  |
| REFUSALS 2 004 0  | .0509 0 .1014 1                          | .1519 0 OVER .19 2                |  |
|   | ERATION OR MODIFICATION THAT WAS MADE TO | RESTORE THE INSTRUMENT TO OPERATE |  |
| SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).   |  |                                   |  |
|   |  |                                   |  |
|   |  |                                   |  |
|   |  |                                   |  |
|   |  |                                   |  |
| INSPECTING OFFICER  |  |                                   |  |
| SIGNATURE   | PRINT FULL NAME                          |                                   |  |
| 2 309   | LEE JOHNSON                              |                                   |  |
| ****  | ATION DATE TELEPHONE NUMBER              |                                   |  |
| 240105 05/3   | 14/2026 (314)298-87                      | 00                                |  |
| RETURN COMPLETED REPORT TO THE:   |  |                                   |  |
| PETTEN COMPLETED REPORT T   | O THE:                                   |                                   |  |
|   | O THE: souri Department of Health an     | d Senior Services                 |  |

# Alrgas.

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 Cralg Road St. Louis, Mo 63146

Test Date: 13-Jul-2023

Lot # AG319402 Model 108

Exp Date 13-Jul-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 Concentration

800.0 ppm 253.0 ppm

RGM Serial No. Concentration EB0010603 392.5 ppm EB0010559 258.9 ppm EB0010562 104.2 ppm EB0010579

CRM Serial No. CG727493 CC727498

Concentration 390.0 ppm 150.0 ppm

52.94 ppm

CRM Serial No.

CC727481

CC727496

Analytical Method: NDIR

Digitally signed by:Quality Control Researchy gas standard certification of analysis Location-Afrasa USA LLO (Lab) Date:07,13,2023 18:89

Approved for Release:

lost Marsile

Rod Marsala

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 LEE JOHNSON

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

|  | to the in Bormit issued under the provisions of sections            |
|--|---|
| for the determination of the alcoholic content of blood from a sample o 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo | o.  Mile Massure  |
| DATE5/14/2024  | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY                          |
| NUMBER 240105  | Davla I. nichelson  |
| EXPIRES 5/14/2026  | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  LAB-4 (R6-10) |

MO 580-0771 (6-10)



INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol Instrument for the determination of the alcoholic content in breath form of expired all in Missouri.

JOHNSON, LEE Operator 240105

Date Expires 5/14/2026 Date Issued 5/14/2024

