



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 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 into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX EC/IR II SN 12825	NAME OF AGENCY MARYLAND HEIGHTS POLICE	DATE OF INSPECTION 11/03/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 11911 DORSETT RD. MARYLAND HEIGHTS	TIME OF INSPECTION 18:17 CST
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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.

DIAGNOSTIC RECORD

- | | |
|---|--|
| <input checked="" type="checkbox"/> BLANK CHECK | <input checked="" type="checkbox"/> CO2 CHECK |
| <input checked="" type="checkbox"/> FC 1 TEMP | <input checked="" type="checkbox"/> FLOW CHECK |
| <input checked="" type="checkbox"/> SRC TEMP | <input checked="" type="checkbox"/> FCB CHECK |
| <input checked="" type="checkbox"/> DET TEMP | <input checked="" type="checkbox"/> CRC COMP CHECK |
| <input checked="" type="checkbox"/> BT TEMP | <input checked="" type="checkbox"/> CRC CAL CHECK |
| <input checked="" type="checkbox"/> STD 2 TEMP | <input checked="" type="checkbox"/> PRINT TEST |
| <input checked="" type="checkbox"/> ETH CHECK | |

BREATH ANALYZER ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER INTOXIMETERS, INC.	LOT# AG319402 EXP. DATE 07/13/2025
<input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C)	SIM. SN SIM. NIST EXP DATE

CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE 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.

- | |
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| <input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE |
| <input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE |
| <input type="checkbox"/> 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
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS	1	0-.04	1	.05-.09	0	.10-.14	2	.15-.19	7	OVER .19	1
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

INSPECTING OFFICER

SIGNATURE <i>[Signature]</i> 309	PRINT FULL NAME LEE JOHNSON
TYPE II PERMIT NUMBER 240105	TELEPHONE NUMBER (314) 298-8700
EXPIRATION DATE 05/14/2026	

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)
3600 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: 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
EB0010881	52.22 ppm

RGM Serial No.	Concentration
EB0010803	392.5 ppm
EB0010559	256.9 ppm
EB0010562	104.2 ppm
EB0010578	52.94 ppm

CRM Serial No.	Concentration
CC727491	800.0 ppm
CC727498	253.0 ppm

CRM Serial No.	Concentration
CC727493	390.0 ppm
CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Responsible for standard certification of analysis
Location: Airgas USA LLC (Lab)
Date: 07.13.2023 16:09

Approved for Release:

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06
ISO 17034:2018 A2LA accredited. Certificate Number 3082.07



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

2

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

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 5/14/2024

NUMBER 240105

EXPIRES 5/14/2026

MID 660-0771 (8-10)

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



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

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 air in Missouri.

Operator **JOHNSON, LEE**
Permit No **240105**
Date issued **5/14/2024** Date Expires **5/14/2026**

