

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					
days). Complete this report whenever					
into service. Retain the original	and send a copy with	nin 15 days to the		DHSS.	
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION		
12830	Raymore P.D.		09/03/2024		
LOCATION OF INSTRUMENT (STREET AND CITY	()		TIME OF INSPECTION		
100 Municipal Cir. Raymore			08:24 CDT		
CHECKLIST: Place a mark in the box					
established limits. (Write in obse	erved values where de	etermined). Unmar	ked items must be correc	ted	
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	CK		
X BT TEMP			X CRC CAL CHECK		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STAND	ARDS				
SIMULATOR SOLUTION		X COMPRESSED ETHANOL-GAS MIXTURE			
X STANDARD SUPPLIER Into	kimeters	LOT# AG332001	EXP. DATE	11/16/2025	
SIMULATOR TEMP (34°C +0.2°C	SIM. S	SN	SIM. NIST EXP DATE		
CALLED STONE CALLEY CANTAL ON	THE CHANDARD TO MO. 1	DE UCED DED MATN	TENANCE DEDODE)		
X CALIBRATION CHECK - (ONLY ON					
Run three tests using a star	dard solution. Al	ll three tests m	ust be within +5% of	the standard value	
and must have a spread of .	05 or less. Mark	the box correspo	onding to the standard	i solution being	
used.					
X 0.10% STANDARD - MUST REAL					
0.08% STANDARD - MUST REAL					
0.04% STANDARD - MUST REAL	BETWEEN 0.038% AI	ND 0.042% INCLUS	IVE		
MTGT 1 5 0 101 -/2101	TEST 2 © 0.100	~/2101	TEST 3 © 0.100 g/2	1 NT	
TEST 1 ® 0.101 g/210L					
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLLO	OWING RANGES SING	CE THE LAST MAINTENANG	CE REPORT:	
REFUSALS 0 004 20	.0509 0	.1014 0		R .19 1	
LIST ANY NEW PARTS AND DESCRIBE ANY AL SATISFACTORILY AND WITHIN ESTABLISHED			ESTORE THE INSTRUMENT TO OPI	KATE	
	2 (000 0				
INSPECTING OFFICER	建筑	5. 图 · · · · · · · · · · · · · · · · · ·			
SIGNATURE		PRINT FULL NAME		Company of the second	
2 9/6		WILLIAMS, THO	DMAS		
	RATION DATE	TELEPHONE NUMBER	•		
230064	02/2025	(816)331-053	U		
RETURN COMPLETED REPORT	TO THE:				
Breath Alcohol Program, Mis		t of Hoalth and	Senior Services		
	POULT Debar culette	or nearth and	Delivices,		
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: 16-Nov-2023

Lot # AG332001 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

16-Nov-2025

108

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 EB0010579	104.2 ppm 52.94 ppm
EB0010561	103.7 ppm 52.22 ppm	EB0010379	32.34 ppiii
EB0010681	SZ.ZZ PPIII		

CRM Serial No.

Concentration

CRM Serial No.

Concentration

CC727481 CC727496

799.4 ppm 253.4 ppm CC727493 CC727498

389.8 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Afrgas USA LLC (Lab) Date:11.20.2023 17:28

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

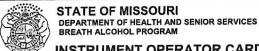
THOMAS WILLIAMS

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

ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 air in Missouri.

Operator WILLIAMS, THOMAS

Permit No 230064 Date Issued 4/2/2023

4/2/2023 Date Expires 4/2/2025

