

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	the regular monthl	y preventive main	tenance check (not	to exceed 35	
days). Complete this report whenever	r the instrument is	serviced or repa	ired and whenever	it is placed	
into service. Retain the original a		in 15 days to the			
12831	NAME OF AGENCY	1/ p	DATE OF INSPECTION		
LOCATION OF INSTRUMENT (STREET AND CITY)	Pleasant Hill Po	Dice Dep	05/06/2024		A of Salaria Control
300 Commercial Street Pleasant			TIME OF INSPECTION		
CHECKLIST: Place a mark in the box		nd to be gatiafag	19:49 CST		
established limits. (Write in obser					
before using instrument.	The radius micro ac	John James	nou roomb maso so		
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK		A THE STATE OF THE	
X FC 1 TEMP		X FLOW CHECK			
X SRC TEMP		X FCB CHECK			
X DET TEMP		X CRC COMP CHE	CV		
X BT TEMP					
		X CRC CAL CHEC	K		
X STD 2 TEMP		X PRINT TEST	ALL REPORTS AND PROPERTY OF PERSONS AND PE		
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	ARDS	There's There's will be			
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER Intox	imeters	LOT# AG234102	EXP.	DATE 12/07/	2024
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S		SIM. NIST EXP	DATE	
			D Q as a second		
Run three tests using a standard must have a spread of .0 used. X 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ 0.04% STANDARD - MUST READ	05 or less. Mark BETWEEN 0.095% AL BETWEEN 0.076% AL	the box corresp ND 0.105% INCLUS ND 0.084% INCLUS	onding to the st IVE IVE	% of the stan andard soluti	dard value on being
TEST 1 30.099 g/210L	TEST 2 5 0.099	g/210L	TEST 3 5 0.09	8 g/210L	
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLLO	OWING RANGES SIN	CE 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 ALT SATISFACTORILY AND WITHIN ESTABLISHED L INSPECTING OFFICER	ERATION OR MODIFICATION	N THAT WAS MADE TO R		TO OPERATE	
/SIGNATURE		PRINT FULL NAME			
- 47/1	MALENA, DOMIN		NIC		
TIPE II PERMIT NOMEEN	ATION DATE	TELEPHONE NUMBER	0		
220185	22/2024	(816)540-910	7		
RETURN COMPLETED REPORT T Breath Alcohol Program, Miss by mail, fax, or e-mail	O THE: souri Department	of Health and	l Senior Servic	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: 7-Dec-2022

Lot # AG234102 Model 108

Exp Date 7-Dec-2024 Cyl. Type 108 Component Ethanol

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	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
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:12.07.2022 17:52

Approved for Release:

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

DOMINIC MALENA

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

HII OZI ECIMI II		
for the determination of the alcoholic content of b 577.020 through 577.041, RSMo and 306.111 th	plood from a sample of expired air. Permit issued under the provisions of sections or sections of 306.119 RSMo.	
DATE	Mike Masson DIRECTOR OF STATE PUBLIC HEALTH LABORATORY	
NUMBER 220185		
EXPIRES 7/22/2024	Davis J. Nichelson DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES	
10 580-0771 (6-10)	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.

MALENA, DOMINIC Operator Permit No 220185

Date Issued 7/22/2022 Date Expires 7/22/2024

