

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	f the regular monthl	y preventive maint	enance check (not	to exceed 35	
days). Complete this report whenever					
into service. Retain the original a	and send a copy with	in 15 days to the	Breath Alcohol Pro	ogram, DHSS.	
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION		
12831	Pleasant Hill Po	olice Dep	08/05/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION		
300 Commercial Street Pleasant		22:04 CST			
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within					
established limits. (Write in obser	-				
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 CHEC	CK	-	
X BT TEMP		X CRC CAL CHECK	ζ		
X STD 2 TEMP		X PRINT TEST			
		A THINT IDOI			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	ARDS				
SIMULATOR SOLUTION		X COMPRESSED ET	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	SN SN	SIM. NIST EXP	DATE	
X CALIBRATION CHECK - (ONLY ON	E STANDARD IS TO E	E USED PER MAINT	ENANCE REPORT)		
				% of the standard walve	
Run three tests using a stand			—		
and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used.					
	DOMESTIN A AAES AN	TO A 1AE& TMATTE	- 1752		
X 0.10% STANDARD - MUST READ					
0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	ID 0.042% INCLUSI	.VE		
TEST 1 3 0.099 g/210L	TEST 2 15 0.099	g/210L	TEST 3 🖙 0.09	9 g/210L	
INDICATE THE NUMBER OF BREATH	I PRSTS IN THE WOLLO	WING PANGES SINC	E THE LAST MATN'	TENANCE REPORT:	
INDICATE THE NORMAN OF PRIMITE					
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 0	OVER .19 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALT			STORE THE INSTRUMENT	TO OPERATE	
SATISFACTORILY AND WITHIN ESTABLISHED L	IMITS (USE OTHER SIDE .	LF NECESSARI).			
A .			**		
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME			
> /h I dela		langsdale			
	ATION DATE 1/2024	TELEPHONE NUMBER (816)540-9109	•		
220198 08/1	.1/2024	(010) 540-9103	·		
RETURN COMPLETED REPORT TO THE:					
Breath Alcohol Program, Missouri Department of Health and Senior Services,					
by mail. fax. or e-mail					
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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

Component

Certified Concentration

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	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		7.7

 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

CHRISTOPHER LANGSDALE

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.				
NUMBER 220198	Davea I. Nichelson			
EXPIRES 8/11/2024	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES			
O 580-0771 (6-10)	LAB-4 (R6-10)			

