

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

INTOX EC/IR II				REPORT #		
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		in 15 days to the		ogram, DHSS.		
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION			
12832	North Kansas Cit	cy Police	12/02/2024			
LOCATION OF INSTRUMENT (STREET AND CITY			TIME OF INSPECTION			
2020 HOWELL North Kansas City, MO			11:21 CST			
CHECKLIST: Place a mark in the box						
established limits. (Write in obse	rved values where de	etermined). Unmar	ked items must be o	corrected		
before using instrument.						
X DIAGNOSTIC RECORD						
X BLANK CHECK		X CO2 CHECK				
X FC 1 TEMP	X FC 1 TEMP X FLO		FLOW CHECK			
X SRC TEMP		X FCB CHECK				
X DET TEMP		X CRC COMP CHE	CRC COMP CHECK			
X BT TEMP		X CRC CAL CHEC				
X STD 2 TEMP						
) Lamed		X PRINT TEST				
X ETH CHECK						
BREATH ANALYZER ACCURACY STAND	ARDS					
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE		
X STANDARD SUPPLIER INTOX	KIMETERS	LOT# ag317204				
SIMULATOR TEMP (34°C +0.2°C)	SIM. S	SN	SIM. NIST EXP I	DATE		
				· · · · · · · · · · · · · · · · · · ·		
X CALIBRATION CHECK - (ONLY ON						
Run three tests using a stan						
and must have a spread of .0	05 or less. Mark	the box correspo	onding to the sta	andard solution being		
used.						
X 0.10% STANDARD - MUST READ						
0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE						
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	ND 0.042% INCLUS	IVE			
						
TEST 1 0.101 g/210L	TEST 2 0.101	g/210L	TEST 3 0.10	1 g/210L		
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLLO	WING RANGES SING	CE THE LAST MAIN	TENANCE REPORT:		
REFUSALS 1 004 11	.0509 1	.1014 1	.1519 0	OVER .19 0		
LIST ANY NEW PARTS AND DESCRIBE ANY AL			ESTORE THE INSTRUMENT	TO OPERATE		
SATISFACTORILY AND WITHIN ESTABLISHED 1	JIMITS (USE OTHER SIDE	IF NECESSARY).				
dec maint						
INSPECTING OFFICER		10.37 - 27 1 1 1 1 1 1 1 1 1 1 1 1 1				
SIGNATURE SIGNATURE		PRINT FULL NAME		nauktur i kangi tabu		
8 4. 11 11C		FICKEN, G.				
TYPE II PERMIT NUMBER EXPIR	RATION DATE	TELEPHONE NUMBER				
1	29/2026	(816)274-6010	0			
<u> </u>						
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) 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: 21-Jun-2023

Lot # AG317204 **Model** 108

Exp Date 21-Jun-2025 Cyl. Type 108 **Component** Ethanol **Certified Concentration**

anol

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		

 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:06.22.2023 15:56

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

G. BILL FICKEN

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	ATE10/29/2024	Cidam / fuli			
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER	240225				
EXPIRES 10/29/2026	Davla I. Nichelson				
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 FICKEN, G. Permit No 240225

