

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 ti	~						
days). Complete this report who							
into service. Retain the origin		in 15 days to the	Breath Alcohol Program, DHSS. DATE OF INSPECTION				
INTOX EC/IR II SN		NAME OF AGENCY					
12833	Kearney Police I	Departmen	05/16/2024				
LOCATION OF INSTRUMENT (STREET AND	CITY)		TIME OF INSPECTION				
725 W. MO 92 Hwy Kearney, M			01:53 CDT				
CHECKLIST: Place a mark in the	•						
established limits. (Write in	observed values where de	termined). Unmar	ked items must be correc	ted			
before using instrument.							
X DIAGNOSTIC RECORD							
X BLANK CHECK		X CO2 CHECK					
X FC 1 TEMP	- 10-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	X FLOW CHECK					
X SRC TEMP	X FCB CHECK						
X DET TEMP	X CRC COMP CHECK						
X BT TEMP X CRC CAL CHECK							
X STD 2 TEMP		X PRINT TEST					
X ETH CHECK			•				
BREATH ANALYZER ACCURACY ST	ANDARDS						
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTURE				
X STANDARD SUPPLIER IN	LOT# AG231902						
SIMULATOR TEMP (34°C +0.2		EN .	SIM. NIST EXP DATE				
LIBINOIATOR TEMP (54 C ±0.2		514	Sim. Nigi Em Biri				
X CALIBRATION CHECK - (ONLY	ONE STANDARD IS TO E	BE USED PER MAIN	TENANCE REPORT)				
Run three tests using a s	tandard solution. Al	.l three tests mu	ust be within +5% of	the standard value			
and must have a spread of	.005 or less. Mark	the box correspo	onding to the standard	d solution being			
used.							
X 0.10% STANDARD - MUST R	EAD BETWEEN 0.095% AN	ND 0.105% INCLUS	IVE				
0.08% STANDARD - MUST R	EAD BETWEEN 0.076% AN	ID 0.084% INCLUS	IVE				
0.04% STANDARD - MUST R	EAD BETWEEN 0.038% AN	D 0.042% INCLUS	IVE				
TEST 1 0.100 g/210L TEST 2 0.100		g/210L	TEST 3 🐡 0.100 g/210L				
INDICATE THE NUMBER OF BREA	TH TESTS IN THE FOLLO	WING RANGES SING	CE THE LAST MAINTENANG	CE REPORT:			
	.0509 0	.1014 1		R .19 0			
LIST ANY NEW PARTS AND DESCRIBE ANY SATISFACTORILY AND WITHIN ESTABLISH			STORE THE INSTRUMENT TO OPP	ERATE			
SATISTACIONISI AND WITHIN ESTABLISH	LIMITO (ODE OTHER DIDE :	II WEEDSDARI).					
INSPECTING OFFICER							
SIGNATURE A		PRINT FULL NAME					
► 1 Jan 1 - 1 = 7981	1 - 4 = 7 981		HAGER/DERICK				
TYPE II PERMIT NUMBER E	XPIRATION DATE	TELEPHONE NUMBER					
240098	05/07/2026	(816)629-392	5				
RETURN COMPLETED REPOR	T TO THE:						
Breath Alcohol Program,		of Health and	Senior Services				
-	ilbboall Deparement	or nearth and	Solitor Solvitors,				
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: 17-Nov-2022

Lot # AG231902 Model 108

Exp Date 15-Nov-2024 Cyl. Type 108

Component Ethanol

Certified Concentration

Nitrogen

 $0.100 \pm 2\%$ 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 103.7 ppm EB0010561 52.22 ppm EB0010681

RGM Serial No. Concentration EB0010603 EB0010559 EB0010562 EB0010579

392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

CRM Serial No. CC727481

CC727496

Concentration 800.0 ppm 253.0 ppm

CRM Serial No. CC727493

CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:11.17.2022 20:17

Approved for Release:

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



STATE OF MISSOURI

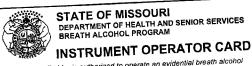
DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



PERMIT TYPE II

DERICK E. HAGER

DERICK E. HAGEN							
is hereby authorized to instruct and supervise and operate the following breath analyzer(s):	INTOX]	EC/IR	II				
for the determination of the alcoholic content o 577.020 through 577.041, RSMo and 306.111	f blood from a sar through 306.119	mple of expire RSMo.	ed air. Permit Mile	t issued under th Massuu	e provisions	of sections	
DATE5/7/2024			DIRECTOR OF S	TATE PUBLIC HEALTH	LABORATORY		
NUMBER 240098				1. Nichoels			
EXPIRES 5/7/2026		DIREC	TOR OF DEPART	IMENT OF HEALTH AN	ID SENIOR SER	/ICES LAB-4 (R6-10)	
MO 580-0771 (6-10)							



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 HAGER, DERICK Permit No 240098

Date Expires 5/7/2026 Date Issued 5/7/2024

