

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

	'IR II MAINTE						REPORT #3
Complete this report at th							
days). Complete this repor							
into service. Retain the c	-		nin 15 d	ays to the			
INTOX EC/IR II SN	NAME OF A		D = = b ==		DATE OF INSPECTION	N	
12833	_	Police I	Departm	en	10/23/2024 TIME OF INSPECTION	-	
LOCATION OF INSTRUMENT (STREET						N	
725 W. MO 92 Hwy Kearne	=				02:10 CDT		
CHECKLIST: Place a mark in established limits. (Write							
before using instrument.	: III Observed varue:	s where de	ecermine	u). Oilliar.	ked Items must be	corrected	
X DIAGNOSTIC RECORD							
X BLANK CHECK			X CO2	CHECK			
X FC 1 TEMP				W CHECK			
			l-med				
X SRC TEMP				CHECK			
X DET TEMP				COMP CHE			
X BT TEMP				CAL CHEC	K		
X STD 2 TEMP			X PRI	NT TEST			
X ETH CHECK							
BREATH ANALYZER ACCURAC	Y STANDARDS						
SIMULATOR SOLUTION			X COM	PRESSED E	THANOL-GAS MIXT	URE	
X STANDARD SUPPLIER	INTOX	····		AG407801		. DATE 03/18/	72026
SIMULATOR TEMP (34°C	+0.2°C)	SIM. S	SN		SIM. NIST EXP	DATE	
X CALIBRATION CHECK - (
Run three tests using							
and must have a spread of .005 or less. Mark the box corresponding to the standard solution being							
used.		0 0050 33	TD 0 10	- 0 TNGT 11G	71.II		
X 0.10% STANDARD - MU							
0.08% STANDARD - MU							
0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE							
TEST 1 0.100 g/210L	TEST 2	0.100	g/210L		TEST 3 : 0.10	00 g/210L	
						-	DM -
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:							
REFUSALS 0 004	1 .0509	0	.10	14 1	1.1519 0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIE					ESTORE THE INSTRUMEN		
SATISFACTORILY AND WITHIN ESTA					DDIONE IND INDINONE	1 10 01314115	
TMGDDGMING OFFICED							
INSPECTING OFFICER			PRIMI	TULL NAME			
SIGNATURE HO	} \$ /			R/DERICK/	/E		
TYPE II PERMIT NUMBERO	EXPIRATION DATE		1	ONE NUMBER	water to the second sec		
240098	05/07/2026		(816) 628-392	5		
DEMILDA CONDITUED DE	ישטיי אין ייים אין		L				
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: 19-Mar-2024

Lot # AG407801 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

18-Mar-2026

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		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	799.4 ppm	CC727493	389.8 ppm
CC727496	253.4 ppm	CC727498	150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:03.22.2024 07:50

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

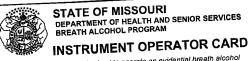
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

DERICK E. HAGER

DEILE	L. HAGER
and operate the following breath analyzation	instructors, inspect, calibrate, perform field service and repairs, EC/IR II
- 1 the electronic content of blood from a sa	mple of expired air. Permit issued under the provisions of sections RSMo.
for the determination of the accondic content of sleed with 577.020 through 577.041, RSMo and 306.111 through 306.119	Wike Wassin
DATE5/7/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240098	Daves I. Nichelson
EXPIRES 5/7/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES 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 Issued 5/7/2024 Date Expires 5/7/2026

