

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 o						
days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.						
INTOX EC/IR II SN	and send a copy with	nin 15 days to the	Breath Alcohol Pr	ogram, DHSS.		
12834	Clay County SO		05/07/2024			
LOCATION OF INSTRUMENT (STREET AND CITY			TIME OF INSPECTION			
14 South Water Street Liberty	,		20:20 CDT			
CHECKLIST: Place a mark in the box	by each item if for	und to be satisfact		na within		
established limits. (Write in obse						
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 C			
X BT TEMP X CRC CAL CHECK						
X STD 2 TEMP		X PRINT TEST	-			
X ETH CHECK		LA TANA				
BREATH ANALYZER ACCURACY STANDA	A Pnd					
SIMULATOR SOLUTION	1M2P	COMPDESSED FO	ישאארן במפ אדעייוי	ਯ		
SIMULATOR TEMP (34°C +0.2°C)	IMETERS				2024	
DIMOLATOR TENT (54 C +0.2 C)	arm.	21/	SIM. NIST EXP	JATE		
X CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)						
Run three tests using a stand	dard solution. Al	ll three tests mu	st be within +5	t of the stan	dard value	
and must have a spread of .00 used.)5 or less. Mark	the box correspo	nding to the sta	andard soluti	on being	
X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE						
0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE						
	DD1712D11 0.0300 XR	ID 010120 INCLOSE	V 13			
TEST 1 3 0.100 g/210L	TEST 2 - 0.100	g/210L	TEST 3 0.10	0 g/210L	***************************************	
INDICATE THE NUMBER OF BREATH T	LESTS IN THE FOLL(WING RANGES SINC	E THE LAST MAIN	TENANCE REPOR	Т:	
REFUSALS 0 004 5	.0509 0	.1014 0	.1519 0	OVER .19	0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTI			STORE THE INSTRUMENT	TO OPERATE		
SATISFACTORILY AND WITHIN ESTABLISHED LE	IMITS (USE OTHER SIDE .	IF NECESSARY).				
INSPECTING OFFICER						
SIGNATURE		PRINT FULL NAME Butkovich				
TYPE II PERMIT NUMBER EXPIRA	TION DATE	TELEPHONE NUMBER				
	5/2025	(816)407-3700				
	-					
RETURN COMPLETED REPORT TO THE:						
Breath Alcohol Program, Missouri Department of Health and Senior Services,						
by mail, fax, or e-mail					i	



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: 27-Jan-2021

Lot # AG102503 Model 108cacd

Exp. Date

Cyl. Type

Component

Certified Concentration

25-Jan-2023

108

Ethanol Nitrogen 0:100 ± 2% BrAC (272 ppm)

Balance

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	<u>Concentration</u>	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 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 Date: 2021.01.29 13:36:13 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA Li.C (Lab)

Approved for Release:

Rod Marsala

ISO 17025:2005 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

THOMAS F. BUTKOVICH

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

	sample of expired air. Permit issued under the provisions of sections
577.020 through 577.041, RSMo and 306.111 through 306.1	
DATE 6/5/2023	Mike Mason
DATE MINIDUAN	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230113	
EXPIRES 6/5/2025	Davea J. McBelson
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
MO 580-0771 (6-10)	LAB-4 (Pi6-10)



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 elcoholic content in breath form of expired air In Missouri.

Operator BUTKOVICH, THOMAS

Permit No 230113

Date Issued 6/5/2023 Date Expires 6/5/2025

