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By Tracy Crews at 11:57 am, Aug 06, 2024



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					
days). Complete this report whenever					
into service. Retain the original a	na send a copy with	nin 15 days to the	DATE OF INSPECTION		
12834	Clay County SO		08/04/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)	1 . * -		TIME OF INSPECTION		
14 South Water Street Liberty			22:14 CDT		
CHECKLIST: Place a mark in the box	by each item if for	und to be satisfact		na 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 STD 2 TEMP		X PRINT TEST			
X ETH CHECK		LA TITLE TOOL			
BREATH ANALYZER ACCURACY STANDA	PUE				
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE					
	IMETERS	LOT# AG407603			006
SIMULATOR TEMP (34°C +0.2°C)			SIM. NIST EXP	DATE 03/16/20	J26
LIBIMOLIATOR TEMP (34°C ±0.2°C)	SIM. S	2IA	SIM. NIST EXP	JATE	
X CALIBRATION CHECK - (ONLY ONE	: STANDARD IS TO E	BE USED PER MAINT	ENANCE REPORT)		
Run three tests using a stand	lard solution. Al	ll three tests mu	st be within ±5	of the stand:	ard value
and must have a spread of .00 used.	5 or less. Mark	the box correspo	onding to the sta	andard solution	n being
	DEEMBEN O OOF	A 4054 THEFT	*****		
X 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ					
	DETRIBUTO. O. O. O. A.	4D 0:0424 IMCEODI	. V 12		
TEST 1 3 0.100 g/210L	TEST 2 3 0.100	g/210L	TEST 3 3 0.10	0 q/210L	
	RESTS IN THE FOLL	WING PANGES SINC		- · ·	_
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS 0 004 5	.0509 0	.1014 0	.1519 0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTS	RATION OR MODIFICATION	N THAT WAS MADE TO RE	STORE THE INSTRUMENT	TO OPERATE	A
SATISFACTORILY AND WITHIN ESTABLISHED LI	MITS (USE OTHER SIDE :	IF NECESSARY).			
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME			
		Butkovich			
	TION DATE 5/2025	TELEPHONE NUMBER (816)407-3700	_ 		
	•	1 (010 / 40/-3/00			
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: 18-Mar-2024

Lot # AG407603 Model 108

Exp Date 16-Mar-2026 Cyl. Type 108 Component Ethanol Certified Concentration

Nitrogen

0.100 ± 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
EB0010561	103.7 ppm
EB0010681	52.22 ppm

RGM Serial No.	Concentration
EB0010603	392.5 ppm
EB0010559	258.9 ppm
EB0010562	104.2 ppm
EB0010579	52.94 ppm

CRM Serial No.	Concentration
CC727481	799.4 ppm
CC727496	253.4 ppm

CRM Serial No. CC727493 CC727498 Concentration 389.8 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Leb) Date:03.22.2024 07:48

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

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

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections

DATE 6/5/2023

DATE 6/5/2023

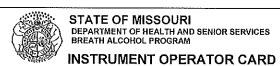
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES 6/5/2025

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 ai in Missouri.

Operator BUTKOVICH, THOMAS

Permit No 230113 Date Issued 6/5/2023

Date Expires 6/5/2025

