

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

INTOX EC/IR II MAINTENANCE REPORT

REPORT #

THIOR EC/IR II				REPORT #3	
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35					
days). Complete this report whenev		-		-	
into service. Retain the original INTOX EC/IR II SN	and send a copy with	in 15 days to the		ogram, DHSS.	
12835		a Dont	DATE OF INSPECTION		
LOCATION OF INSTRUMENT (STREET AND CITY	Riverside Police Dept.		06/25/2024		
	•		TIME OF INSPECTION		
2990 NW Vivion Road Riverside, MO 64150 00:57 CDT					
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within					
established limits. (Write in observed values where determined). Unmarked items must be corrected 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 CHE	CK		
X BT TEMP		X CRC CAL CHEC	K		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STAND	ARDS				
SIMULATOR SOLUTION		COMPRESSED E	THANOL-GAS MIXTH	PR	
	IMETERS	X COMPRESSED ETHANOL-GAS MIXTURE LOT# AG305902 EXP. DATE 02/28/2025			
				···	
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	SiN	SIM. NIST EXP	DATE	
X CALIBRATION CHECK - (ONLY ON	E STANDARD IS TO F	BE USED PER MAIN	IENANCE REPORT)		
Run three tests using a stan	dard solution. Al	ll three tests m	ust be within +5	of the standard value	
and must have a spread of .005 or less. Mark the box corresponding to the standard solution being					
used.					
X 0.10% STANDARD - MUST READ					
0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	ND 0.042% INCLUS	IVE		
TEST 1 " 0.099 g/210L	TEST 2 ** 0.099	g/210L	TEST 3 = 0.09	9 q/210L	
INDICATE THE NUMBER OF BREATH				¥ ·	
INDICATE THE NUMBER OF BREATH	INDID IN IND PODDO	WING KANGES SIK	LE THE DAST MAIN.	ENANCE REFORT:	
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 0	OVER .19 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALI SATISFACTORILY AND WITHIN ESTABLISHED I			STORE THE INSTRUMENT	TO OPERATE	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Maintenance check passed according to DHSS regulations.					
INSPECTING OFFICER					
SIGNATURE C+ C AND C		PRINT FULL NAME			
►>CT: V~ J. /YL/YL #196		Ethan J. McMi	llen		
	ATION DATE L2/2025	TELEPHONE NUMBER (816) 741-119	1		
230000 037.	.2/2025	(810) /41-119.	<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

Test Date: 28-Feb-2023

Customer Name Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Lot # AG305902 Model 108

Exp Date 28-Feb-2025 Cyl. Type 108 **Component** Ethanol Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Nitrogen

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:03.01.2023 17:25

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

ETHAN MCMILLEN

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

and operate the tollowing preath 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. Wile Massure					
DATE5/12/2023	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY				
NUMBER 230088	Daves I. nichelson				
EXPIRES 5/12/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES				
MO(580-077/1 (6-10)	,LAB-4 (R6-10)				



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 alcoholic content in breath form of expired at in Missouri.

Operator MCMILLEN, ETHAN Permit No 230088

Date Issued 5/12/2023 Date Expires 5/12/2025

