

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

INTOX EC/IR II MAINTENANCE REPORT

DEDODT #3

| INTOX EC/IR II | MAINTENANCE | REPORT | | | 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 | | nin 15 days to the | | | |
| 12835 | NAME OF AGENCY Riverside Police Dept. | | DATE OF INSPECTION | | |
| | | e Dept. | 12/02/2024 | | |
| LOCATION OF INSTRUMENT (STREET AND CITY | CEA. | | TIME OF INSPECTION | | |
| 2990 NW Vivion Road Riverside, | | | 23:32 CST | | |
| CHECKLIST: Place a mark in the box | | | | | |
| established limits. (Write in obset before using instrument. | rved values where de | etermined). Unmar | ked items must be | corrected | |
| X DIAGNOSTIC RECORD | | | | | |
| l herred | | | | | |
| 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 | | | |
| X STD 2 TEMP | | X PRINT TEST | | 20 | |
| X ETH CHECK | | A THINT TEST | | | |
| | | | | | |
| BREATH ANALYZER ACCURACY STAND | ARDS | | | | |
| SIMULATOR SOLUTION | | X COMPRESSED E | THANOL-GAS MIXTU | RE | |
| X STANDARD SUPPLIER INTOX | IMETERS | LOT# AG305902 | EXP. | DATE 02/28/: | 2025 |
| SIMULATOR TEMP (34°C +0.2°C) | SIM. S | SN | SIM. NIST EXP | DATE | |
| _ | | | | | |
| CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard solution. All three tests must 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 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 | | | | | |
| TEST 1 0.099 g/210L | TEST 2 0.099 | g/210L | TEST 3 0.09 | 9 g/210L | |
| INDICATE THE NUMBER OF BREATH | I FESTS IN THE FOLLO | WING RANGES STNO | I TR THE LAST MATN | TENANCE REDOR | ተ • |
| INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: | | | | | |
| REFUSALS 0 004 46 | .0509 0 | 1014 1 | .1519 0 | OVER .19 | 0 |
| LIST ANY NEW PARTS AND DESCRIBE ANY ALT | | | STORE THE INSTRUMENT | TO OPERATE | |
| SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY). | | | | | |
| INSPECTING OFFICER | | | | | |
| SIGNATURE | 42 | PRINT FULL NAME | | | |
| TODE IT DEBMIT NUMBER (BYETE | ATION DATE | MARR, ANDREW | | | |
| | 19/2026 | TELEPHONE NUMBER (816) 741-1191 | 1 | | |
| 100/2 | .5,2020 | (010) /41 1191 | - | | |
| 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: 28-Feb-2023

Lot # AG305902 Model 108

Exp Date 28-Feb-2025 Cyl. Type 108 Component

Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Ethanol 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

ANDREW J. MARR

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath 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.

| DATE 8/29/2024 | 8/29/2024 | Mike Massur | | |
|----------------|-------------|--|--|--|
| | -M-04-54-54 | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY | | |
| NUMBER | 240193 | Davla I. Nichelson | | |
| EXPIRES | 8/29/2026 | 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 all in Missouri

Operator MARR, ANDREW

Permit No 240193

Date Issued 8/29/2024 Date Expires 8/29/2026

