

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

INTOX EC/IR II MAINTENANCE REPORT

REPORT #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 whenever the instrument is serviced or repaired and whenever it is placed | | | | |
| | and send a copy within 15 days to the | | | |
| INTOX EC/IR II SN | NAME OF AGENCY | DATE OF INSPECTION | | |
| 12838 | Cass County SO | 09/03/2024 | | |
| LOCATION OF INSTRUMENT (STREET AND CITY |) | TIME OF INSPECTION | | |
| 2501 W. Mechanic Harrisonville | , MO 64701 | 09:29 CDT | | |
| CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within | | | | |
| established limits. (Write in obse | rved values where determined). Unmar | ked items must be corrected | | |
| before using instrument. | | | | |
| X DIAGNOSTIC RECORD | | | | |
| X BLANK CHECK | х со2 снеск | | | |
| X FC 1 TEMP | X FLOW CHECK | | | |
| X SRC TEMP | X FCB CHECK | 44,44,44 | | |
| X DET TEMP | X CRC COMP CHE | · rv | | |
| | | | | |
| 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 | X COMPRESSED F | THANOL-GAS MIXTURE | | |
| X STANDARD SUPPLIER Intox | imeters LOT# AG305102 | EXP. DATE 02/20/2025 | | |
| SIMULATOR TEMP (34°C +0.2°C) | SIM. SN | SIM. NIST EXP DATE | | |
| DSIMODATOR TEMP (34°C ±0.2°C) | 31H. 3N | DIM. MIDI EXF DATE | | |
| | | | | |
| | | | | |
| X CALIBRATION CHECK - (ONLY ON | E STANDARD IS TO BE USED PER MAIN | TENANCE REPORT) | | |
| | | TENANCE REPORT) ust be within +5% of the standard value | | |
| Run three tests using a stand | dard solution. All three tests m | | | |
| Run three tests using a stand | dard solution. All three tests m | ust be within ±5% of the standard value | | |
| Run three tests using a stand and must have a spread of .00 used. | dard solution. All three tests m | ust be within ±5% of the standard value onding to the standard solution being | | |
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Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Test Date: 20-Feb-2023

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

Lot # AG305102 Model 108

Exp Date 20-Feb-2025 Cyl. Type 108 Component

Certified Concentration

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
 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:Afrgas USA LLC (Lab) Date:02.20.2023 17:37

Approved for Release:

Rod Marsala

Roll Marsola

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

JAMES N. REW

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

| 577.020 through 577.041, RSMo and 306,111 through 30 | n a sample of expired air. Permit issued under the provisions of sections 08.119 RSMo. |
|--|---|
| DATE9/9/2022 | Lama 2 Nay |
| | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY |
| NUMBER 220231 | 1 1 1 2 1 |
| EXPIRES 9/9/2024 | Donnel S. Kamen |
| MO 580:0771·(6:10) | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES |