

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 of					
days). Complete this report whenever	er the instrument is	serviced or repa	ired and whenever	it is placed	
into service. Retain the original a	NAME OF AGENCY	in 15 days to the	DATE OF INSPECTION	ogram, DHSS.	
12838	Cass County SO		11/05/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION		
2501 W. Mechanic Harrisonville,			13:11 CST		
CHECKLIST: Place a mark in the box		nd to be satisfact		ng 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 CHECK			
X BT TEMP		X CRC CAL CHECK			
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK		ATMINI IBBI			
BREATH ANALYZER ACCURACY STANDA	PDC				
SIMULATOR SOLUTION	, KUS	COMPRESSED IN			
	· · · · · · · · · · · · · · · · · · ·	X COMPRESSED ETHANOL-GAS MIXTURE			
		LOT# AG305102	· · · · · · · · · · · · · · · · · · ·	DATE 02/20/20	025
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	N	SIM. NIST EXP	DATE	
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO B	E USED PER MAIN	TENANCE REPORT)		
Run three tests using a stand	lard solution. Al	l three tests mu	ust be within +5	% of the stand	ard value
and must have a spread of .00	5 or less. Mark	the box correspo	onding to the $\frac{-}{st}$	andard solution	n being
used.					
X 0.10% STANDARD - MUST READ					
0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ	BETWEEN 0.038% AND	D 0.042% INCLUS	IVE		
TEST 1 ~ 0.098 g/210L	TEST 2 7 0.098	g/210T	WEIGHT 2 151 0 000	0 -/0101	
5,			TEST 3 ** 0.09	•	
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SINC	CE THE LAST MAIN	CENANCE REPORT	:
REFUSALS 0 004 0	05 00 0	10 14 0	I		
	.0509 0	.1014 0	.1519 0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE SATISFACTORILY AND WITHIN ESTABLISHED LI	MITS (USE OTHER SIDE I	THAT WAS MADE TO RE F NECESSARY).	STORE THE INSTRUMENT	TO OPERATE	
INCOROMING ORDIGED			A CONTRACTOR OF THE CONTRACTOR		
INSPECTING OFFICER SIGNATURE					
SIGNATURE		PRINT FULL NAME CROW, GARY			
TYPE II PERNIT NUMBER EXPIRA	TION DATE	TELEPHONE NUMBER			
240164 08/0	6/2026	(816)380-5200)		
PETIEN CONDIENTED DEDOUGH					···
RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services,					
	ouri Department	of Health and	Senior Service	es,	
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 Test Date: 20-Feb-2023

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

Lot # AG305102 **Model** 108

Exp DateCyl. TypeComponentCertified Concentration20-Feb-2025108Ethanol0.100 ± 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

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

GARY M. CROW

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 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE8/6/2024	Mile Mason		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 240164			
EXPIRES 8/6/2026	Davla I. Nichelson		
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB4 (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 ai In Missouri.

Operator CROW, GARY Permit No 240164

Date Issued 8/6/2024 Date Expires 8/6/2026

