

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

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TINTUX 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					
into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.					
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION		
12840	Parkville Police Dept.		07/04/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION			
8880 NW Clark Avenue Parkville		03:18 CDT			
CHECKLIST: Place a mark in the box	by each item if fou	and to be satisfac	tory or is operation	ng within	
established limits. (Write in obse	rved values where de	etermined). Unmar	ked 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 CHECK					
X BT TEMP X CRC CAL CHECK					
X ETH CHECK					
BREATH ANALYZER ACCURACY STAND	ARDS				
SIMULATOR SOLUTION X COMPRESSED			ETHANOL-GAS MIXTURE		
X STANDARD SUPPLIER Intoximeter		LOT# AG305902	EXP. DATE 02/28/2025		025
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 © 0.101 g/210L TEST 2 © 0.101		g/210L	TEST 3 🖙 0.101 g/210L		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 1	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).  MAINTENANCE CHECK PASSED.  INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME			
► SGT. Et J. March #186		Ethan J. McMillen			
TYPE II PERMIT NUMBER EXPIR	ATION DATE	TELEPHONE NUMBER			
230088 05/	2/2025	(816)741-445	4		
RETURN COMPLETED REPORT TO THE:  Breath Alcohol Program, Missouri Department of Health and Senior Services,  by mail, fax, or e-mail					

# Airgas.

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** 

Ethanol

Nitrogen

0.100 ± 2% BrAC (272 ppm)

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No. EB0010581

Concentration 391.8 ppm

259.8 ppm

EB0010285 EB0010561 EB0010681

EB0010570

52.22 ppm

209.0 ppm 103.7 ppm RGM Serial No.

EB0010603

EB0010559

EB0010562 EB0010579

Concentration

392.5 ppm 258.9 ppm

104.2 ppm

52.94 ppm

CRM Serial No.

CC727481 CC727496 Concentration

253.0 ppm

mqq 0.008

CRM Serial No.

CC727493 CC727498

Concentration

390.0 ppm 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:

Rose Marsola

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



MO 580-0771 (6-10)

## STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



LAB-4 (R6-10)

## PERMIT TYPE |

## 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): 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. Mile Massin DATE \_\_\_\_5/12/2023 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 230088 Daves I. nichelson EXPIRES 5/12/2025 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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

Operator

MCMILLEN, ETHAN

Permit No 230088

Date Expires 5/12/2025

