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By Brian Lutmer at 8:25 am, Aug 01, 2024



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

		MAINTENANCE					REPORT #3	
Complete this report at the								
days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed								
into service. Retain the ord	igina⊥ a	nd send a copy with	iin 15	days to the	DATE OF INSPECTION			
12840		Parkville Police	- Dent		07/31/2024			
LOCATION OF INSTRUMENT (STREET A	ND CITY	<u> </u>	- Bepe	• •	TIME OF INSPECTION		• • •	
8880 NW Clark Avenue Parl					20:40 CDT			
CHECKLIST: Place a mark in			ınd to	be satisfact		ng within		
established limits. (Write:								
before using instrument.								
X DIAGNOSTIC RECORD								
X BLANK CHECK			X CC	2 CHECK				
X FC 1 TEMP			ΧFΙ	OW CHECK				
X SRC TEMP			XFC	CB CHECK				
X DET TEMP				C COMP CHEC	CK			
X BT TEMP				C CAL CHECK				
X STD 2 TEMP				RINT TEST				
			TV 11					
X ETH CHECK	C=1.175.1							
BREATH ANALYZER ACCURACY	STANDA	ARDS		Washington E	DITA NOT 03 0 MENORY			
SIMULATOR SOLUTION					rhanol-gas mixtu		0.005	
X STANDARD SUPPLIER		lmeter	LOT#	AG305902		DATE 02/28/	2025	
SIMULATOR TEMP (34°C ±	0.2°C)	SIM.	SN		SIM. NIST EXP	DATE		
X CALIBRATION CHECK - (O	NLY ONE	STANDARD IS TO I	BE USE	D PER MAINT	TENANCE REPORT)			
Run three tests using a						% of the stan	dard value	
and must have a spread								
used.								
X 0.10% STANDARD - MUS								
0.08% STANDARD - MUS								
0.04% STANDARD - MUS	r READ	BETWEEN 0.038% A	ND 0.0	142% INCLUS	IVE			
TEST 1 5 0.101 g/210L		TEST 2 🖙 0.101	g/210L TEST 3 © 0.101			1 q/210L		
INDICATE THE NUMBER OF B	מתאמונו מ		_				φ.	
INDICATE THE NUMBER OF B	KEAIH 1	MI GIGS.	NING	KANGES SINC	LE THE BASI MAIN	IEMANCE REFOR		
REFUSALS 1 004	0	.0509 0		.14 0	.1519 0	OVER .19	0	
LIST ANY NEW PARTS AND DESCRIBE SATISFACTORILY AND WITHIN ESTAB	ANY ALTI	RATION OR MODIFICATIO	N THAT	WAS MADE TO RE	STORE THE INSTRUMENT	TO OPERATE		
SATISFACTORILY AND WITHIN ESTAB	LISHED L.	IMITS (USE OTHER SIDE	IF NECE	SSARI).				
Maintenance check passed according to DHSS regulations.								
Maintenance endex pubbed decertaing to blob regulations.								
4								
INSPECTING OFFICER								
SIGNATURE Ch. T. M.	MING			FULL NAME	llon			
TYPE II PERMIT NUMBER		TION DATE		an J. McMi Hone number	rren	,		
230088		2/2025	1	6) 741-4454	1			
RETURN COMPLETED REP	<u>.</u> ∩₽•r •r	O THE •	<u> </u>					
Breath Alcohol Program, Missouri Department of Health and Senior Services,								
by mail, fax, or e-mail								
I Dy Matt, fax, Ot 6-Mat							· ·	



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** 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



MO 580-0771 (6-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



LAB-4 (R6-10)

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):

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 Daven J. Michelson 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 in Missouri,

Operator

MCMILLEN, ETHAN

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

