

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

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						
	ginal 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	-		12/05/2024			
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION			
8880 NW Clark Avenue Parkville,		20:26 CST	, , , , , , , , , , , , , , , , , , ,			
CHECKLIST: Place a mark in the box	-		_			
established limits. (Write in obserbefore using instrument.	rved values where de	cermined). Onmar	ted Items must be	corrected		
X DIAGNOSTIC RECORD						
		VCO2 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						
BREATH ANALYZER ACCURACY STANDA	ARDS					
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE						
X STANDARD SUPPLIER Intoximeter		LOT# AG305902	EXP. DATE 02/28/2025		2025	
SIMULATOR TEMP (34°C +0.2°C) SIM.			SIM. NIST EXP DATE			
X CALIBRATION CHECK - (ONLY ONI						
Run three tests using a stand						
and must have a spread of .00)5 or less. Mark	the box correspo	onding to the st	andard soluti	on being	
used.		** 0 40E0 TNGTTG				
X 0.10% STANDARD - MUST READ						
0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE						
U.04% STANDARD - MOST READ	BETWEEN U.USOW AF	AD 0.0474 INCTOP	T A E			
TEST 1 ® 0.101 g/210L	TEST 2 🖙 0.101 g/210L		TEST 3 🖙 0.101 g/210L			
INDICATE THE NUMBER OF BREATH		P PUP TAST MATN	TENANCE DEDOD	·γ· •		
INDICATE THE NUMBER OF BREATH	DALLO I MI GIGA:	MING KUNGED DIW	'E IIIE DADI PATI	TEMANCE REPOR		
REFUSALS 0 004 5	.0509 0	.1014 1	.1519 0	OVER .19	0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALT	 ERATION OR MODIFICATION	N THAT WAS MADE TO RE	STORE THE INSTRUMENT	TO OPERATE		
SATISFACTORILY AND WITHIN ESTABLISHED L	MITS (USE OTHER SIDE :	IF NECESSARY).				
Maintenance check passed accord	ling to DHSS regul	lations.				
INSPECTING OFFICER						
SIGNATURE C		PRINT FULL NAME				
►SGT. Va. J. MMa #186		Ethan J. McMillen				
TYPE II PERMIT NUMBER EXPIRA	TION DATE	TELEPHONE NUMBER	4			
230088 05/1	2/2025	(816)741-445	±			
RETURN COMPLETED REPORT T	O THE:	-				
Breath Alcohol Program, Miss		of Health and	Senior Servic	es,		
				•		



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

Component

Certified Concentration

108

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
EB0010581 391.8 ppm
EB0010570 259.8 ppm
EB0010285 209.0 ppm
EB0010561 103.7 ppm
EB0010681 52.22 ppm

RGM Serial No. Concentration
EB0010603 392.5 ppm
EB0010559 258.9 ppm
EB0010562 104.2 ppm
EB0010579 52.94 ppm

CRM Serial No. CC727481 CC727496 Concentration 800.0 ppm 253.0 ppm 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:

Rod Marsala

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



MO 580-0771 (8-10)-

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



LAB-4 (R8-10)

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. Mike Massin-DATE ____5/12/2023_____ DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 230088 Daven I. nichelyon 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 all in Missouri,

Operator MCMILLEN, ETHAN

Permit No 230088 Date Issued 5/12/2023

Date Expires 5/12/2025

