

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 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. 12841	THION EC	/IR II MAINIENANC	E REPURI			REPORT #	
INTO SERVICE. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DMSS. 12841 SN		- NOTE - 100,					
NAME C/R SIL SN							
GREENE COUNTY SO 06/04/2024 LOCATION OF INSTRUMENT ISTRET AND CITYI 100 M. DIVISION ST SPRINSFIELD CHECKLEFT, Place a mark in the box by each item if found to be satisfactory or is operating within established inits. (Write in observed values where determined). Dimarked items must be corrected before using instrument. DIAGNOSTIC RECORD DIAGNOSTIC RECORD			ithin 15 days to the				
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SIMULATOR TEMP (34°C ±0.2°C) SIM. SIM. 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 0.101 g/210L TEST 3 0 0.101 g/210L TEST 1 0 0.101 g/210L	X STANDARD SUPPLIER	INTOXIMETERS	LOT# AG331103				
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. \[\times 0.10\colon=10.00\co		C <u>+</u> 0.2°C)	I. SN	SIM. NIST EXP	DATE		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS 0 004 74 .0509 0 .1014 0 .1519 0 OVER .19 0 LIST ANY NEW FARTS 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). INSPECTING OFFICER SIGNATURE GRISHAM, JEREMY TYPE II PERMIT NUMBER GRISHAM, JEREMY TELEPHONE NUMBER 240077 04/02/2026 RETURN COMPLETED REPORT TO THE:	Run three tests using and must have a sproused. X 0.10% STANDARD - 10.08% STANDARD - 10.08%	ng a standard solution. ead of .005 or less. Ma MUST READ BETWEEN 0.095% MUST READ BETWEEN 0.076%	All three tests m rk the box corresp AND 0.105% INCLUS AND 0.084% INCLUS	ust be within ±5 onding to the st IVE IVE	% of the star andard soluti	ndard value ion being	
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	240077	04/02/2026	(417)868-404	.0			
	RETIRN COMPLETED	REPORT TO THE			*		
breath Arconor Program, Missouri Department of hearth and benior bervices.			ent of Health and	d Senior Servic	ces.		

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

Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 8-Nov-2023

Lot # AG331103 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

7-Nov-2025

108

Ethanol Nitrogen $0.100 \pm 2\%$ 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 EB0010570 391.8 ppm

EB0010603 EB0010559 392.5 ppm

259.8 ppm

258.9 ppm

EB0010285

209.0 ppm 103.7 ppm EB0010562

104.2 ppm

EB0010561 EB0010681 52.22 ppm

EB0010579

52.94 ppm

CRM Serial No.

Concentration

CRM Serial No.

Concentration

CC727481 CC727496 799.4 ppm 253.4 ppm CC727493 CC727498 389.8 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:11.09.2023 19:42

Approved for Release:

Yusef Woods

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

JEREMY GRISHAM

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.

DATE4/2/2024	Mike Massin
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240077	Davla J. Nichelson
EXPIRES 4/2/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (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 air in Missouri.

Operator GRISHAM, JEREMY Permit No 240077

Date Issued 4/2/2024

Date Expires 4/2/2026

