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By Tracy Crews at 9:35 am, Aug 09, 2024



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

INTOX EC/IR II MAI					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		7		1929		
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						
			08/01/2024			
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION			
5100 W. DIVISION ST SPRINGFIELD			14:18 CDT			
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within						
established limits. (Write in observed values where determined). Unmarked items must be corrected						
before using instrument.						
X DIAGNOSTIC RECORD						
		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 PRINT TEST				
X ETH CHECK						
BREATH ANALYZER ACCURACY STANDARDS	ri .					
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE						
		LOT# AG331103	EXP. DATE 11/07/2025		2025	
SIMULATOR TEMP (34°C +0.2°C)	SIM. SI		SIM. NIST EXP	One and resolution Substances an editorior's a housest substance of the	NOVELO.	
_						
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					on being	
SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).						
SIGNATURE		PRINT FULL NAME				
- And WIS		GRISHAM, JEREMY				
TYPE 11 PERMIT NUMBER EXPIRATION DAY 04/02/202	(C)	TELEPHONE NUMBER (417)868-4040				
1		, , , , , , , , , , , , , , , , , , , ,		_		
RETURN COMPLETED REPORT TO THE:						
Breath Alcohol Program, Missouri Department of Health and Senior Services,						
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 7-Nov-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	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
 799.4 ppm
 CC727493
 389.8 ppm

 CC727496
 253.4 ppm
 CC727498
 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

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

MO 580-0771 (6-10)

LAB-4 (R6-10)



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

