

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

INTOX EC/IR II					REPORT #3
Complete this report at the time of	The second secon				
days). Complete this report whenever					
into service. Retain the original a INTOX EC/IR II SN	NAME OF AGENCY	In 15 days to the	DATE OF INSPECTION	gram, Dass.	
12841	GREENE COUNTY SO	)	09/04/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)	Whitelete to the experience of the experience of the professional and the experience of the experience	8	TIME OF INSPECTION	1000	
5100 W. DIVISION ST SPRINGFIELD			17:39 CDT		
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within					
established limits. (Write in obser	ved values where de	termined). Unmark	ed items must be o	corrected	
before using instrument.	. <del></del>				
X DIAGNOSTIC RECORD			2		
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP		X FLOW CHECK			
X SRC TEMP		X FCB CHECK			
X DET TEMP	- W00700004 (8.04)	X CRC COMP CHEC			200 86 96
X BT TEMP		X CRC CAL CHECK	K		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK				i. Tanksin	
BREATH ANALYZER ACCURACY STANDA	RDS				
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER INTOX	METERS	LOT# AG331103	EXP.	DATE 11/07/20	)25
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	N	SIM. NIST EXP	DATE	
_					
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO B	E USED PER MAINT	TENANCE REPORT)		x
Run three tests using a stand				k of the standa	ard value
and must have a spread of .00					
used.		WASTER THE PROPERTY OF THE PRO			80.00
X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE					
0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	D 0.042% INCLUS	IVE		
TEST 1 · 0.101 g/210L	TEST 2 ~ 0.101	g/2101.	TEST 3 . 0.10	1 9/2101	382
Accompanies to the second of t					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS 0 004 11	.0509 0	.1014 0	.1519 0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE			STORE THE INSTRUMENT	TO OPERATE	32
SATISFACTORILY AND WITHIN ESTABLISHED LI	MITS (USE OTHER SIDE I	IF NECESSARY).			
â					
INSPECTING OFFICER					
SIGNATURE (L45		PRINT FULL NAME	IMISZ		
	TION DATE	GRISHAM, JERE	ILI T		200 200 200 X
	2/2026	(417)868-4040	0		
RETURN COMPLETED REPORT T					
Breath Alcohol Program, Missouri Department of Health and Senior Services,					
by mail, fax, or e-mail					
my werr' ray' or e-werr					



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: 13-Mar-2023

150.0 ppm

#### Lot # AG306807 Model 108

Exp Date 9-Mar-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:

253.0 ppm

RGM Serial No. EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	Concentration 391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm 52.22 ppm	RGM Serial No. EB0010603 EB0010559 EB0010562 EB0010579	Concentration 392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	390.0 ppm

Analytical Method: NDIR

CC727496

Olgitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:03.16.2023 13:02

Approved for Release:

Rod Marsala

CC727498

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.

4/0/0004	Wike Massin
DATE4/2/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240077	
EXPIRES 4/2/2026	· Doula I. Nicholson
ID 500.0771 (5.10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES