

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

BREATH ALCOH	IOL PROGRAM				
INTOX EC/II	R II MAINTENANCE	REPORT			REPORT #3
Complete this report at the t					
days). Complete this report w					
into service. Retain the orig		hin 15 days to the	March Control of March Control - No. 10 Control of Control Con	ogram, DHSS.	
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION		
12841	GREENE COUNTY S	0	11/04/2024		
LOCATION OF INSTRUMENT (STREET AN	D CITY)	- 3	TIME OF INSPECTION		
5100 W. DIVISION ST SPRING			10:25 CST		
CHECKLIST: Place a mark in th	e box by each item if for	und to be satisfact	ory or is operation	ng within	20
established limits. (Write in	observed values where de	etermined). Unmark	ed items must be	corrected	
before using instrument.				0,00	<u>u</u> 10
X DIAGNOSTIC RECORD	<u> </u>			55 No. 100 (1988)	
X BLANK CHECK			X CO2 CHECK		
X FC 1 TEMP		X FLOW CHECK	X FLOW CHECK		
X SRC TEMP		X FCB CHECK	X FCB CHECK		
X DET TEMP		X CRC COMP CHEC	:K	PV 5000PV	
X BT TEMP		X CRC CAL CHECK			
X STD 2 TEMP		X PRINT TEST	2000 CONTRACTOR OF THE PROPERTY OF THE PROPERT		
X ETH CHECK		A TRIMI IDDI	<u> </u>		
BREATH ANALYZER ACCURACY S	;TANDARDS			-	
SIMULATOR SOLUTION		X COMPRESSED ET	HANOL-GAS MIXTU	RE	2000
X STANDARD SUPPLIER	INTOXIMETERS	LOT# AG331103	EXP.	DATE 11/07/2	025
SIMULATOR TEMP (34°C ±0	.2°C) SIM.	SN	SIM. NIST EXP	DATE	
					
X CALIBRATION CHECK - (ON	V ONE STANDARD IS TO	RE HISED PER MATNT	ENANCE REPORT)	in 10	
				6 - F () i i	3 3
Run three tests using a					
and must have a spread of used.	of .005 of less. Mark	the box correspo	maing to the st	andard Solutio	n being
X 0.10% STANDARD - MUST	DEAD DETRIETAL O OCES A	ND 0 10ES TNCLUCT	TTE		,
A COUNTY OF THE PARTY OF THE PA	READ BETWEEN 0.076% A				
The second secon					
0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE					
TEST 1 0.101 g/210L	TEST 2 " 0.101	g/210T	TEST 3 ~ 0.10	1 g/210I	
AND TO THE PROPERTY OF THE PRO	200200-1100F0000 - 10 000000 - 10-04 F000		er de dez en statistiques en entres		
INDICATE THE NUMBER OF BRI	SATH TESTS IN THE FOLL	OWING RANGES SINC	E THE LAST MAIN	TENANCE REPORT	•
DEDITION O O	45 05 00 0	10 14 0	15 10 0	OVER 10	0
REFUSALS 0 004	45 .0509 0	.1014 0	.1519 0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE F SATISFACTORILY AND WITHIN ESTABLE			STORE THE INSTRUMENT	TO OPERATE	
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME			
- 15 Under		KYLE WINCHELL	!		
240179	08/23/2026	(417)868-4040	1		
Z401/3	00/23/2020	(417 / 000-4040	<u> </u>		
RETURN COMPLETED REPORT TO THE:					
Preath Algohol Program	Missouri Department	t of Wealth and	Senior Service	AC	

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

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	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:Alrgas 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

KYLE R. WINCHELL

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

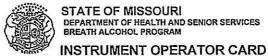
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

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DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
Davla J. Nichelson		
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

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

Operator WINCHELL, KYLE

Permit No 240179

Date Issued 8/23/2024 Date Expires 8/23/2026

