

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

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	I MAINTENANCE			REPORT #3			
Complete this report at the time	of the regular monthl	y preventive main	tenance 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		in 15 days to the		ogram, DHSS.			
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION				
12847	Rogersville Poli	ıce	10/03/2024				
LOCATION OF INSTRUMENT (STREET AND CIT	Υ)		TIME OF INSPECTION				
211 E. CENTER ROGERSVILLE			16:47 CDT	113.7			
CHECKLIST: Place a mark in the bo							
established limits. (Write in obs	arved values where de	etermined). Unmar	ked Items must be	corrected			
before using instrument.  X DIAGNOSTIC RECORD							
		X CO2 CHECK					
X BLANK CHECK		land .					
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 CHEC	K				
X STD 2 TEMP		X PRINT TEST					
X ETH CHECK		- Instant					
BREATH ANALYZER ACCURACY STANI	DARDS						
SIMULATOR SOLUTION		COMPRESSED E	THANOL-GAS MIXTU	RE			
l <b>  </b>	ximeter	LOT# AG329702	COMPRESSED ETHANOL-GAS MIXTURE  LOT# AG329702 EXP. DATE 10/24/2025				
A DITEIDITED COILE			SIM. NIST EXP				
SIMULATOR TEMP (34°C ±0.2°C	) SIM. S	SIN	SIM. NISI EAF	DAIE			
			I				
X CALIBRATION CHECK - (ONLY O	NE STANDARD IS TO E	BE USED PER MAIN	TENANCE REPORT)				
Run three tests using a star	ndard solution. Al	ll three tests m	ust be within +5	% of the standard value			
Run three tests using a star and must have a spread of .	ndard solution. Al	ll three tests m	ust be within +5	% of the standard value andard solution being			
Run three tests using a star and must have a spread of used.	ndard solution. Al 005 or less. Mark	ll three tests m the box corresp	ust be within <u>+</u> 5 onding to the st	% of the standard value andard solution being			
Run three tests using a star and must have a spread of . used. X 0.10% STANDARD - MUST REA	ndard solution. Al 005 or less. Mark D BETWEEN 0.095% AN	ll three tests m the box correspond ND 0.105% INCLUS	ust be within $\pm 5$ onding to the st	% of the standard value andard solution being			
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Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100

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: 25-Oct-2023

Lot # AG329702 Model 108

Exp Date 24-Oct-2025

Cyl. Type 108 Component Ethanol

Nitrogen

Certified Concentration 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
 800.0 ppm
 CC727493
 390.0 ppm

 CC727496
 253.0 ppm
 CC727498
 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:10.26.2023 18:41

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 **DALLAS KNIGHT**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

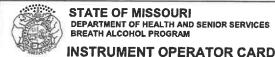
## INTOX EC/IR II for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo. Mike Massur DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 230139 Davla I. Nichelson

MO 580-0771 (6-10)

EXPIRES 7/11/2025

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 KNIGHT, DALLAS

Permit No 230139

in Missouri.

Date issued 7/11/2023 Date Expires 7/11/2025

