

#### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

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INTOX EC/IR II	MAINTENANCE E	REPORT		REPORT #3
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35				
days). Complete this report wheneve				
into service. Retain the original a	nd send a copy with: NAME OF AGENCY	in 15 days to the		gram, DHSS.
INTOX EC/IR II SN	K.coolinates and	DATE OF INSPECTION		
12849	Willard Police D	ept.	09/19/2024	-
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION	
795 Hughes Rd Willard			13:51 CDT	
CHECKLIST: Place a mark in the box established limits. (Write in obser				
before using instrument.	ved vardes where de	cermined). Onmark	tea reems mase be e	
X DIAGNOSTIC RECORD			.9 <sub>2</sub> .7 <sub>3</sub>	
X BLANK CHECK	\$ 18 T	X CO2 CHECK	<u> </u>	· · · · · · · · · · · · · · · · · · ·
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 STD 2 TEMP	9694000 2	X PRINT TEST		
X ETH CHECK	***			1000 Pt
BREATH ANALYZER ACCURACY STANDA	RDS			V000
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTUR	₹E
X STANDARD SUPPLIER INTOXI	METERS	LOT# AG407603	EXP.	DATE 03/16/2026
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	N	SIM. NIST EXP D	ATE
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO B	E USED PER MAINT	TENANCE REPORT)	
Run three tests using a stand				of the standard value
and must have a spread of .00	ard solution. Al 5 or less. Mark	the box correspo	onding to the sta	andard solution being
used.				-
X 0.10% STANDARD - MUST READ	BETWEEN 0.095% AN	D 0.105% INCLUSE	IVE	
0.08% STANDARD - MUST READ				
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	D 0.042% INCLUS	IVE	
	V	solvers were	P	
TEST 1 0.098 g/210L	TEST 2 0.098	g/210L	TEST 3 0.098	3 g/210L
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SING	CE THE LAST MAINT	TENANCE REPORT:
REFUSALS 0 004 5	.0509 0	.1014 0	.1519 0	OVER .19 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE			STORE THE INSTRUMENT	TO OPERATE
SATISFACTORILY AND WITHIN ESTABLISHED LI	MITS (USE OTHER SIDE I	IF NECESSARY).		
390	1	7		
INSPECTING OFFICER				
SIGNATURE 1	PRINT FULL NAME	/DOMAT D		
TYPE II PERMIT NUMBER INTERPRETATION DATE		KILLINGSWORTH/RONALD TELEPHONE NUMBER		
	6/2026	(417)742-307	7	
The property of the control of the c				
RETURN COMPLETED REPORT TO THE:				
	O THE:			
Breath Alcohol Program, Miss by mail, fax, or e-mail	O THE:			es,



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: 18-Mar-2024

#### Lot # AG407603 Model 108

Exp Date 16-Mar-2026 Cyl. Type 108 Component Ethanol

Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Ethanol 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 259.8 ppm	EB0010603	392.5 ppm
EB0010570		EB0010559 EB0010562	258.9 ppm 104.2 ppm 52.94 ppm
EB0010285 EB0010561	209.0 ppm 103.7 ppm	EB0010579	
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-Arigas USA LLC (Lab) Date:03.22.2024 07 4E

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

## RONALD L. KILLINGSWORTH

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

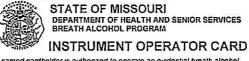
## ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

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.

DATE8/16/2024	Mike Massur
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240171	
EXPIRES 8/16/2026	Daula J. Michaelson
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
10 10 10	1 AD 4 /DC 40

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authonzed to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired at in Missoun

Operator KILLINGSWORTH, RONALD Permit No 240171

Permit No 240171 Date Issued 8/16/2024

5/2024 Date Expires 8/16/2026

