

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

Sieces	TMTOX	EC/IR	TT WYT	NTENANCE	REPORT	
		(   1   1   7	C 1 1	3 11	1	

REPORT #3

Complete this report at the time	=	= =				
days). Complete this report whene		-		-		
INTOX EC/IR II SN	NAME OF AGENCY	iin 15 days to the	Breath Alcohol Program, DHSS.  DATE OF INSPECTION			
12850			09/30/2024			
LOCATION OF INSTRUMENT (STREET AND CIT	Aurora Police Department		TIME OF INSPECTION		***************************************	
106 S. Elliott Aurora		16:44 CDT				
CHECKLIST: Place a mark in the bo	y by each item if for	ind to be satisfac	1	na within		
established limits. (Write in obs						
before using instrument.	orvou varaes miere ac	occimination, i onmar.	ned reemb mase se	301100000		
X DIAGNOSTIC RECORD						
X BLANK CHECK		X CO2 CHECK				
X FC 1 TEMP		X FLOW CHECK				
X SRC TEMP		X FCB CHECK				
		homen2				
X DET TEMP	,	X CRC COMP CHECK				
X BT TEMP			X CRC CAL CHECK			
X STD 2 TEMP		X PRINT TEST				
X ETH CHECK						
BREATH ANALYZER ACCURACY STAN	DARDS					
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE		
X STANDARD SUPPLIER Into	ximeters	LOT# AG316601	EXP.	DATE 06/15/20	025	
SIMULATOR TEMP (34°C +0.2°C	) SIM. S	SN	SIM. NIST EXP	DATE		
X CALIBRATION CHECK - (ONLY O	NE STANDARD IS TO I	AL MALM	TENANCE DEDODEN			
				- 6 11		
Run three tests using a sta						
and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used.						
X 0.10% STANDARD - MUST REA	ጉ ድድጥWድድክ በ በዓ5ይ አነ	ND 0 105% INCLUS	TVE			
0.08% STANDARD - MUST REA						
0.04% STANDARD - MUST REA						
		0.0120 11,0205	111			
TEST 1 🖙 0.103 g/210L	TEST 2 🖙 0.102	TEST 2 5 0.102 g/210L		TEST 3 © 0.102 g/210L		
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLLO	<u>-</u>				
THE TOTAL THE NOTED OF BUMILIO	ILDID IN IND IODE	SHILLO LULIOLD DIN	OH THE BIND! PRIZE	INTERIOR KET OKT	•	
REFUSALS 0 004 80	.0509 0	.1014 0	.1519 0	OVER .19	0	
LIST ANY NEW PARTS AND DESCRIBE ANY AI	TERATION OR MODIFICATION	N THAT WAS MADE TO R	ESTORE THE INSTRUMENT	TO OPERATE		
SATISFACTORILY AND WITHIN ESTABLISHED	LIMITS (USE OTHER SIDE	IF NECESSARY).				
30 DAY MAINTENANCE						
INSPECTING OFFICER						
SIGNATURE //		PRINT FULL NAME				
- Take Myl		TATUM MAPLES				
1 1	RATION DATE	TELEPHONE NUMBER			*******	
240192 08/	29/2026	(417)678-502	5			
RETURN COMPLETED REPORT	TO THE:					
		of Health and	Senior Sorvice	00		
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: 15-Jun-2023

Lot # AG316601 Model 108

Exp Date 15-Jun-2025 Cyl. Type 108

Component

Nitrogen

Ethanol

**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 CC727493 390.0 ppm CC727481 800.0 ppm 150.0 ppm CC727498 CC727496 253.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Afrigas USA LLC (Lab) Date:06.15.2023 17:36

Approved for Release:

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



MO 580-0771 (6-10)

#### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM** 



# PERMIT TYPE II

# TATUM MAPLES

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. INA

DATE 8/29/2024	Mile Massur			
JAIE OIEJIEGES	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 240192	Daves I. Nichelson			
EXPIRES 8/29/2026				
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			
IO 580-0771 (6-10)	LAB-4 (R6-10)			

STATE OF MISSOURI **DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM** INSTRUMENT OPERATOR CARD

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

MAPLES, TATUM Operator

Permit No 240192

**Date Expires 8/29/2026** Date Issued 8/29/2024

