

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

TMTOY	FC/TD	TT	MAINTENANCE	DEDUD
TNIOY	EC/IR	$-\mathbf{L}$	MAINTENANCE	REPURT

REPORT #

A See TIVI	N FC\IK II	MATHIEMAL	ACE KEPOKI				REPORT #3
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35							
days). Complete th	is report wheneve	er the instrume	ent is serviced	or repai	red and whenever	it is placed	
into service. Reta	in the original a	and send a copy	y within 15 day.	s to the 1	Breath Alcohol Pro	ogram, DHSS.	
INTOX EC/IR II SN		NAME OF AGENCY			DATE OF INSPECTION		
12850		Aurora Poli	.ce Department		11/01/2024		
LOCATION OF INSTRUMEN	T (STREET AND CITY)				TIME OF INSPECTION		
106 S. Elliott A			17:57 CDT				
CHECKLIST: Place a	mark in the box	by each item :	if found to be	satisfact	ory or is operation	ng within	
established limits	. (Write in obser	rved values whe	ere determined)	. Unmark	ed items must be o	corrected	
before using instr							
X DIAGNOSTIC REC	ORD					······································	<u> </u>
X BLANK CHECK	· · · · · · · · · · · · · · · · · · ·		X CO2 C	HECK			
X FC 1 TEMP			X FLOW		**		
X SRC TEMP			X FCB C				
X DET TEMP				OMP CHEC	עוו		
X BT TEMP				AL CHECK			
X STD 2 TEMP			X PRINT	TEST			
X ETH CHECK							
BREATH ANALYZER	ACCURACY STANDA	RDS					
SIMULATOR SO	LUTION		X COMPR	ESSED ET	HANOL-GAS MIXTU	RE	
X STANDARD SUPPL	IER Intox:	imeters	LOT# AG	OT# AG316601 EXP. DATE 06/15/2025			)25
SIMULATOR TEMP		ls.	SIM. SN		SIM. NIST EXP	DATE	
<b>L</b>	(01 0 10 0)						
X CALIBRATION CH	ECK - (ONLY ONE	STANDARD IS	TO BE USED P	ER MAINT	ENANCE REPORT)		
Run three test	s using a stand	lard solution	. All three	tests mu	st be within +5	% of the standa	ard value
	a spread of .00	or less.	Mark the box	correspo	nding to the sta	andard solution	n being
used.							
X 0.10% STANDA							
	RD - MUST READ						
0.04% STANDA	RD - MUST READ	BETWEEN 0.03	8% AND 0.042%	INCLUSI	VE		
	****	T					
TEST 1 🖙 0.102 (			EST 2 5 0.102 g/210L		TEST 3 🖙 0.102 g/210L		
INDICATE THE NUM	BER OF BREATH T	ESTS IN THE	FOLLOWING RAN	GES SINC	E THE LAST MAIN	TENANCE REPORT	:
		T	T	γ		<b>T</b>	
REFUSALS 0	004 1	.0509	0 .1014	· · · · · ·	.1519 0	OVER .19	1
LIST ANY NEW PARTS AN SATISFACTORILY AND WI					STORE THE INSTRUMENT	TO OPERATE	
ONTIDIACIONIDI AND WI	THIN ESTABLISHED DI	MITS (OSE OTHER	SIDE IF NECESSAR	1/.			
INSPECTING OFFIC	ER						
SIGNATURE			PRINT FUL	L NAME			
► Tatach			tatum	tatum maples			
TYPE II PERMIT NUMBER	1	TION DATE	TELEPHONE	NUMBER			
240192	08/2	9/2026	(417)	678-5025			
RETURN COMPLETED REPORT TO THE:							
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

**Certified Concentration** 

Ethanol

Nitrogen

 $0.100 \pm 2\%$  BrAC (272 ppm)

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

**RGM Serial No.** Concentration EB0010581 391.8 ppm EB0010570 259.8 ppm EB0010285 209.0 ppm EB0010561 103.7 ppm EB0010681 52.22 ppm

RGM Serial No. Concentration EB0010603 392.5 ppm EB0010559 258,9 ppm EB0010562 104.2 ppm EB0010579 52.94 ppm

CRM Serial No. CC727481

Concentration mag 0.008

CRM Serial No. CC727493

Concentration

CC727496

253.0 ppm

CC727498

390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas 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



#### 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. MA INA

DATE8/29/2024	Mile Massur
DATE OF THE STATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER <b>240192</b>	Davla J. Nichelson
EXPIRES 8/29/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND 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 in Missouri.

**INSTRUMENT OPERATOR CARD** 

Operator MAPLES, TATUM Permit No

240192

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

