

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

TMTOY	FC/TD	TT	MAINTENANCE	ргр∩рт
THIOX	EC/IR	$\perp \perp$	MAINILMANCL	REPURT

	K II MAINLEN					REPORT #3			
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35									
days). Complete this report w									
			15 days to the	5 days to the Breath Alcohol Program, DHSS.					
INTOX EC/IR II SN	NAME OF AGE			DATE OF INSPECTION					
2850 Aurora Police De			artment	12/01/2024					
LOCATION OF INSTRUMENT (STREET AN	D CITY)			TIME OF INSPECTION					
106 S. Elliott Aurora				21:29 CST					
CHECKLIST: Place a mark in th									
established limits. (Write in before using instrument.	observed values	where dete	rmined). Unmar	ked items must be o	corrected				
X DIAGNOSTIC RECORD									
X BLANK CHECK			X CO2 CHECK						
X FC 1 TEMP			X FLOW CHECK						
		L.							
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									
BREATH ANALYZER ACCURACY S	TANDARDS								
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE									
X STANDARD SUPPLIER		OT# AG316601							
SIMULATOR TEMP (34°C +0.	2°C)	SIM. SN		SIM. NIST EXP	DATE				
<u> </u>	,								
CALIDDAMION CHECK /ONE	V ONE CHANDADD	TC MO DE	MODE DED MATRI	TENANCE DEDODE		P			
X CALIBRATION CHECK - (ONI									
Run three tests using a									
and must have a spread o	of .005 or less.	Mark th	ne box correspo	onding to the sta	andard solution	n being			
		OOED AND	0 1050 TMOTHE	T 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
X 0.10% STANDARD - MUST 0.08% STANDARD - MUST									
0.04% STANDARD - MUST									
LIO: 048 BIMMBIND MOBI	KEND DEIWEEN O.	030% AND	0.0428 INCHOS	LAR					
TEST 1 5 0.102 g/210L	TEST 2 🖙	0.102 g/	/210L	TEST 3 🖙 0.101 g/210L					
INDICATE THE NUMBER OF BRE	ATH TESTS IN TH	E FOLLOWI	ING RANGES SING	CE THE LAST MAIN	FENANCE REPORT				
REFUSALS 1 004	0 .0509		.1014 0	.1519 0	OVER .19	0			
LIST ANY NEW PARTS AND DESCRIBE A SATISFACTORILY AND WITHIN ESTABLE				STORE THE INSTRUMENT	TO OPERATE				
	DINGS MATTER (ODD OIL	IBR DIDE II	Wide Dorner 7 .						
	•		,						
INSPECTING OFFICER									
SIGNATURE			PRINT FULL NAME						
TYPE II PERMIT NUMBER EXPIRATION DATE			TATUM MAPLES						
240192	08/29/2026	1	'ELEPHONE NUMBER (417) 678-5025	5					
			, , , , , , , , , , , , , , , , , , , ,						
RETURN COMPLETED REPORT TO THE:									
Breath Alcohol Program,	Missouri Depa	rtment c	of Health and	Senior Service	es,				
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 ± 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 52.22 ppm EB0010681

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 800.0 ppm

CRM Serial No.

Concentration

CC727496

253.0 ppm

CC727493 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