

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

INTOX EC/IR II				<u> </u>	REPORT #3
Complete this report at the time of		_			
days). Complete this report wheneve					
into service. Retain the original a	nd send a copy withi	in 15 days to the	Breath Alcohol Pro	ogram, DHSS.	
INTOX EC/IR II SN 12855	Rolla Police Depa	artment	06/08/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)		ar cilienc	TIME OF INSPECTION		
1007 N. Elm Street Rolla			15:26 CDT		
CHECKLIST: Place a mark in the box	by each item if four	nd to be satisfact		na within	
established limits. (Write in obser					
before using instrument.	.voa vazaob whozo aot	, , , , , , , , , , , , , , , , , , , ,			
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP		X FLOW CHECK			
X SRC TEMP					
X DET TEMP	<u></u> -				
		X CRC CAL CHECK		······································	
X BT TEMP			·		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	ARDS				
SIMULATOR SOLUTION		X COMPRESSED ET	THANOL-GAS MIXTU	RE	_
X STANDARD SUPPLIER INTOXI	IMETERS	LOT# AG407302	EXP.	DATE 03/13/202	26
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	N	SIM. NIST EXP	DATE	
_			П		
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE					
TEST 1 0.078 g/210L	TEST 2 0.080	g/210L	TEST 3 9 0.08	1 g/210L	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS 0 004 16	.0509 0	.1014 1	.1519 0	OVER .19	2
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE					
SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).					
INSPECTING OFFICER					
SIGNATURE 8	4/_	PRINT FULL NAME NIX, JOSHUA			
TYPE II PERMIT NUMBER EXPIRA	ATION DATE	TELEPHONE NUMBER			
	9/2024	(573)308-121	3		
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: 13-Mar-2024

Lot # AG407302 Model 108

Exp Date 13-Mar-2026 Cyl. Type 108 Component Ethanol

Certified Concentration 0.080 ± 0.002 BrAC (218 ppm)

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	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
 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:Airgas USA LLC (Lab) Date:03.15.2024 08:01

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

JOSHUA C. NIX

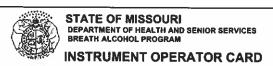
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

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.

DATE8/19/2022	,	Mike Masser
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 220199		
EXPIRES 8/19/2024		Daves J. Michaelson
MO 580-0771 (6-10)	Di	RECTOR 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 in Missouri.

Operator NIX, JOSHUA Permit No 220199

Date Expires 8/19/2024

