

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

INTOX EC/IR II					REPORT #3
Complete this report at the time of					18.7
days). Complete this report whenever				-	
into service. Retain the original a	NAME OF AGENCY	in 15 days to the	DATE OF INSPECTION	3	
12859	Lincoln County S	30	04/17/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION		
65 Business Park Drive Troy			23:37 CDT		
CHECKLIST: Place a mark in the box	by each item if fou	and to be satisfact		ng within	
established limits. (Write in obser					
before using instrument.					
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP		X FLOW CHECK			
X SRC TEMP		X FCB CHECK			
X DET TEMP		X CRC COMP CHE	CK		<del></del>
X BT TEMP		X CRC CAL CHEC			
X STD 2 TEMP		X PRINT TEST	K		
		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	RDS				
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	JRE	Learn of the second
X STANDARD SUPPLIER INTOXI	METERS	LOT# AG211501	EXP.	DATE 04/25/2	2024
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	SN	SIM. NIST EXP	DATE	And the Control of th
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO B	E USED PER MAIN	TENANCE REPORT)		
Run three tests using a stand				% of the stand	dard value
and must have a spread of .00	5 or less. Mark	the box correspo	onding to the st	andard solution	on being
used.		· · · · · · · · · · · · · · · · · · ·			3
0.10% STANDARD - MUST READ					
X 0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	D 0.042% INCLUS	IVE		
		<del></del>			
TEST 1 0.079 g/210L	TEST 2 3 0.080	3.	TEST 3 = 0.08	3.	
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SINC	CE THE LAST MAIN	TENANCE REPORT	r:
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE SATISFACTORILY AND WITHIN ESTABLISHED LI		THAT WAS MADE TO RE	STORE THE INSTRUMENT	TO OPERATE	
	TIO (ODD OTHER DIDE I	i NECESSARI).			
INSPECTING OFFICER					
SIGNATURE	5	PRINT FULL NAME	ALCOHOLOGY OF THE STATE OF THE		
TYPE II PERMIT NUMBER   IEXPIRA	TION DATE	PLUMB, TODD			
	2/2025	(636) 528-6100	)		
		( 030 / 320 0100	,		
RETURN COMPLETED REPORT TO					
Breath Alcohol Program, Miss	ouri Department	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: 25-Apr-2022

Lot # AG211501 Model 108

**Exp Date** 25-Apr-2024 Cyl. Type 108

Component

**Certified Concentration** 

Ethanol

Nitrogen

 $0.080 \pm 0.002$  BrAC (218 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 CC727481

CRM Serial No.

Concentration 390.0 ppm

CC727496

800.0 ppm 253.0 ppm CC727493 CC727498

150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:04.28.2022 15:19

Approved for Release:

Rod Marsala

Roll Marsila

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 TODD A. PLUMB

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 DMT, 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.					
DATE1/12/2023	Mile Massing  DIRECTOR OF STATE PUBLIC HEALTH LABORATORY				
NUMBER 230010	Danes I. Nichelson				
EXPIRES 1/12/2025 MD 589.07/1 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  LAB-4 (R6-10)				