

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					
days). Complete this report whenever	er the instrument is	s serviced or repa	ired and whenever	it is placed	
into service. Retain the original		nin 15 days to the			
INTOX EC/IR II SN 12860	NAME OF AGENCY	DDD10000	DATE OF INSPECTION		
	HANNIBAL POLICE	DEPARTME	10/22/2024		
LOCATION OF INSTRUMENT (STREET AND CITY	).:		TIME OF INSPECTION	(	
777 BROADWAY Hannibal			19:14 CDT		
CHECKLIST: Place a mark in the box					
established limits. (Write in obserbefore using instrument.	rved values where de	etermined). Unmar	ked items must be	corrected	¥
X DIAGNOSTIC RECORD					
Towns and the second se		200 aman			
X BLANK CHECK		X CO2 CHECK			
		X FLOW CHECK			
X SRC TEMP		X FCB CHECK			
X DET TEMP		X CRC COMP CHE	CK		
X BT TEMP		X CRC CAL CHECK			
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK		A TRIMI TEST			
BREATH ANALYZER ACCURACY STANDA	RDS	- C			
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	JRE	
X STANDARD SUPPLIER INTOX	IMETERS, INC.	LOT# AG313002	EXP.	DATE 05/10/2	2025
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	SN	SIM. NIST EXP	DATE	
			12 NEWSON ASSESSORY 9		
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO B	E USED PER MAIN	TENANCE REPORT)		
Run three tests using a stand	lard solution. Al	1 three tests m	ust be within +5	% of the stand	dard value
and must have a spread of .00	5 or less. Mark	the box correspo	onding to the $\operatorname{st}$	andard solution	on being
used.					
X 0.10% STANDARD - MUST READ					
0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE					
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	D 0.042% INCLUS	IVE		
TEST 1 3 0.100 g/210L	TEST 2 5 0.100	g/210T		0 =/2101	
		7	TEST 3 5 0.10	1	
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SING	CE THE LAST MAIN	TENANCE REPORT	C:
			1	1	
REFUSALS 0 004 0	.0509 2	.1014 2	.1519 0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE SATISFACTORILY AND WITHIN ESTABLISHED LI			STORE THE INSTRUMENT	TO OPERATE	
	MILE (ODE OTHER BIDE I	r Wecessari,			
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME			
► INCHE HE		MULHERON, RYA	IN.		
	TION DATE	TELEPHONE NUMBER			
230028 02/14	4/2025	(573)221-0987	7		
RETURN COMPLETED REPORT TO	O THE:				
Breath Alcohol Program, Missouri Department of Health and Senior Services,					
by mail, fax, or e-mail					
~, Luzz, OI C HIGIT					



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: 11-May-2023

Lot # AG313002 Model 108

**Exp Date** 10-May-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 392.5 ppm

EB0010603 EB0010559 EB0010562

258.9 ppm 104.2 ppm

EB0010579

52.94 ppm

CRM Serial No.

CC727481 CC727496 Concentration

800.0 ppm 253.0 ppm **CRM Serial No.** 

CC727493

CC727498

Concentration

390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Afrigas USA LLC (Lab) Date:05.11.2023 21:07

Approved for Release:

Rod Marsala

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



LAB-4 (R6-10)

## PERMIT TYPE II

# RYAN M. MULHERON

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

	termination of the alcoholic content of blood from a sample of through 577.041, RSMo and 306.111 through 306.119 RSMo	
377.020 1	milough 377.041, ASMO and 306.111 through 306.119 ASMO	Mike Mason
DATE	2/14/2023	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	230028	
EXPIRES	2/14/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



#### 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 ai in Missouri.

Operator Permit No MULHERON, RYAN

Permit No 230028

Date Expires 2/14/2025

