

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

INTOX EC/IR II				REPORT #
Complete this report at the time of				
days). Complete this report whenever				
into service. Retain the original a		in 15 days to the		
12945	NAME OF AGENCY		DATE OF INSPECTION 05/09/2024	
LOCATION OF INSTRUMENT (STREET AND CITY	ST JOSEPH PD		TIME OF INSPECTION	
501 Faraon Street St. Joseph			11:03 CDT	
CHECKLIST: Place a mark in the box	hy each item if fou	nd to be satisfac		ng within
established limits. (Write in obser				
before using instrument.		, ,		
X DIAGNOSTIC RECORD				
X BLANK CHECK		X CO2 CHECK		
X FC 1 TEMP		FLOW CHECK		
X SRC TEMP		X FCB CHECK		
X DET TEMP		X CRC COMP CHE	CK	
X BT TEMP		CRC CAL CHEC		
X STD 2 TEMP		X PRINT TEST	11	
X ETH CHECK		WENTHI IESI		
	DDG			
BREATH ANALYZER ACCURACY STANDA	RDS			
SIMULATOR SOLUTION			THANOL-GAS MIXTU	
imate 2	meters	LOT# AG304601	EXP.	DATE 02/15/2025
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	N	SIM. NIST EXP	DATE
- H				
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO B	E USED PER MAIN	TENANCE REPORT)	
Run three tests using a stand	ard solution. Al	l three tests m	ust be within +5	% of the standard value
and must have a spread of .00				
used.				
0.10% STANDARD - MUST READ				
0.08% STANDARD - MUST READ				
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	D 0.042% INCLUS	IVE	
TEST 1 © 0.100 g/210L	TEST 2 5 0.100	~/21NT	TEST 3 🖙 0.10	0 ~/2101
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SING	CE THE LAST MAIN	TENANCE REPORT:
REFUSALS 0 004 11	.0509 0	.1014 4	.1519 1	OVER .19 0
LIST ANY NEW PARTS AND DESCRIPE ANY ALTS	e an emanage and a manage and a con-		Contain and the control of the contr	SCHOOL STREET
SATISFACTORILY AND WITHIN ESTABLISHED LI	MITS (USE OTHER SIDE I	F NECESSARY).	The second state	The same same same same same same same sam
MONTHLY TESTING				
INSPECTING OFFICER	CONTRACTOR OF THE PERSON NAMED IN	N C 2 20 E 30	. = 24. = 101	- 2 - V W 3
SIGNIUL		FRIT TULL MO		
Delle End		JOHN FOSTER		
	7 / 2 0 2 5	THLEPHONE GUMBER	-	
230163 08/0	7/2025	(816)596-8206) 	
RETURN COMPLETED REPORT TO THE:				
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: 15-Feb-2023

Lot # AG304601 Model 108

Exp Date 15-Feb-2025 Cyl. Type 108 Component Ethanol Certified Concentration 0.100 ± 2% BrAC (272 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 209.0 ppm 103.7 ppm	EB0010559 EB0010562 EB0010579	258.9 ppm 104.2 ppm 52.94 ppm
EB0010285			
EB0010561			
EB0010681	52.22 ppm		

 CRM Serial No.
 Concentration
 CRM Serial No.
 Concentration

 CC727481
 800.0 ppm
 CC727493
 390.0 ppm

 CC727496
 253.0 ppm
 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:02.16.2023 13:50

Approved for Release:

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100

Fax: (314) 533-7328

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EB0010681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	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:02.16.2023 13:50

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 JOHN L. FOSTER

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

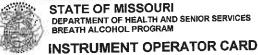
ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

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 I M

	Mike Masam
DATE8/7/2023	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230163	Daven J. nichelson
EXPIRES 8/7/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
HEY EDD 0.774 /6:400	LAB 4 (F

MO 580-0771 (6-10)





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.

FOSTER, JOHN Operator 230163

Permit No Date Expires 8/7/2025 Date Issued 8/7/2023

