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

INTOX EC/IR II MAINTENANCE REPORT

Complete this report at the time	e of the regular month	ly preventive maint	cenance check	(not to exceed	35		
days). Complete this report when							
into service. Retain the origina		nin 15 days to the			5.		
INTOX EC/IR II SN	NAME OF AGENCY			DATE OF INSPECTION			
12946	12946 MOBERLY PD			07/23/2024			
LOCATION OF INSTRUMENT (STREET AND C	ITY)		TIME OF INSPE	CTION			
300 N. CLARK STREET MOBERLY			15:36 CDT				
CHECKLIST: Place a mark in the h	oox by each item if fou	und to be satisfact	cory or is ope	erating within			
established limits. (Write in ob	served values where de	etermined). Unmark	ed items must	t be corrected			
before using instrument.		••					
X DIAGNOSTIC RECORD							
X BLANK CHECK		X CO2 CHECK	7				
X FC 1 TEMP		X FLOW CHECK	5				
X SRC TEMP		X FCB CHECK	<u> </u>				
X DET TEMP		X CRC COMP CHE	1 2,				
Leased and the second							
X BT TEMP		X CRC CAL CHEC					
X STD 2 TEMP		X PRINT TEST	A				
X ETH CHECK			'n,				
BREATH ANALYZER ACCURACY STA	NDARDS		σ				
SIMULATOR SOLUTION		X COMPRESSED E	9 THANOL-GAN M	IXTURE			
X STANDARD SUPPLIER int	oximeter	LOT# AG315201		EXP. DATE 06	/01/2025		
SIMULATOR TEMP (34°C +0.2°			<u> </u>	EXP DATE			
	C) DIM. (SIV	Crews	SAL DATE			
X CALIBRATION CHECK - (ONLY	ONE STANDARD IS TO F	RE USED PER MATN		RT)			
			U U U	2012/01/2012			
Run three tests using a st				-	standard value		
and must have a spread of used.	.005 Of less. Mark	the box correspo		e standard so	fuction being		
X 0.10% STANDARD - MUST RE							
0.08% STANDARD - MUST RE				J			
0.04% STANDARD - MUST RE	AD BETWEEN 0.038% AN	ND 0.042% INCLUS					
TEST 1 0.100 g/210L	TEST 2 5 0.100	g/210L	TEST 3 🖙	0.100 g/210L			
INDICATE THE NUMBER OF BREAT	H TESTS IN THE FOLLO	WING RANGES STNC			EPORT.		
				Inter Division of the	LI OKI .		
REFUSALS 0 004 0	.0509 1	.1014 1	.1519	0 OVER .1	91		
LIST ANY NEW PARTS AND DESCRIBE ANY			STORE THE INSTR	RUMENT TO OPERATE			
SATISFACTORILY AND WITHIN ESTABLISHED	D LIMITS (USE OTHER SIDE .	IF NECESSARY).					
INSPECTING OFFICER							
SIGNATURE		PRINT FULL NAME					
► Blat		b calvert					
TYPE II PERMIT NUMBER	PIRATION DATE	TELEPHONE NUMBER					
240016 01	/25/2026	(660)263-0346	5				
RETURN COMPLETED REPORT	TO THE:						
Breath Alcohol Program, Missouri Department of Health and Senior Services,							
by mail, fax, or e-mail		or mearen and	SCUTOT DET				
by mail, lak, of e-mail							

REPORT #3

Airgas.

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: 7-Feb-2020

Lot # AG003702 Model 108cacd

Exp. Date 6-Feb-2022 <u>Cyl. Type</u> 108 <u>Component</u> Ethanol Nitrogen Certified Concentration 0.100 ± 2% BrAC (272 ppm) Balance

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No. EB0010581 EB0010570 EB0010285 EB0010561 EB0010681

<u>CRM Serial No.</u> CC434668 CC234503 208.0 ppm 103.6 ppm 52.12 ppm <u>Concentration</u> 800.0 ppm

253.0 ppm

Concentration

392.1 ppm

259.8 ppm

RGM Serial No. EB0010603 EB0010559 EB0010595 EB0010562 EB0010579

258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm

CRM Serial No. 0056649 0056662 Concentration 390.1 ppm 150.2 ppm

Concentration

393.0 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2020.02.11 10:59:22 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Nor Marsala

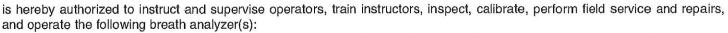
Rod Marsala

ISO 17025:2005 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 BOBBY G. CALVERT



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.

DATE ____1/25/2024__

NUMBER 240016

EXPIRES 1/25/2026

Mile Massin DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Daven I. Nichelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB-4 (R6-10)

MO 580-0771 (6-10)

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 air in Missouri.	
Operator CALVERT, BOBBY	
Permit No 240016	
Date Issued 1/25/2024 Date Expires 1/25/2026	
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