

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

#### INTOX EC/IR II MAINTENANCE REPORT

REPORT #

THION ECLIK II	MAINIENANCE REPORT	REPORT #3		
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35				
days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed				
into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.				
INTOX EC/IR II SN	NAME OF AGENCY	DATE OF INSPECTION		
12946	MOBERLY PD	12/09/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION		
300 N. CLARK STREET MOBERLY		10:06 CST		
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within				
established limits. (Write in observed values where determined). Unmarked items must be corrected				
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 CHECK				
X BT TEMP X CRC CAL CHECK				
X STD 2 TEMP	X PRINT TEST			
X ETH CHECK				
BREATH ANALYZER ACCURACY STANDA	RDS			
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE				
X STANDARD SUPPLIER intoxi		EXP. DATE 06/01/2025		
SIMULATOR TEMP (34°C ±0.2°C)	SIM. SN	SIM. NIST EXP DATE		
	×			
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO BE USED PER MAIN	TENANCE REPORT)		
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.				
X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE				
0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.103% 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				
0.04% STANDARD - MOST READ BETWEEN 0.038% AND 0.042% INCLOSIVE				
TEST 1 0.100 g/210L	TEST 2 9 0.099 g/210L	TEST 3 3 0.099 g/210L		
TNDTCATE THE NUMBER OF BREATH T	ESTS IN THE FOLLOWING RANGES SING	TE THE LAST MAINTENANCE REPORT:		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
REFUSALS 0 004 41	.0509 0 .1014 1	.1519 1 OVER .19 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE	RATION OR MODIFICATION THAT WAS MADE TO RE	STORE THE INSTRUMENT TO OPERATE		
SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).				
		7		
INSPECTING OFFICER				
SIGNATURE R	PRINT FULL NAME BOBBY CALVERT			
TYPE II PERMIT NUMBER JEXPIRA	I BOBBY ('ALVE'P'I			
	TION DATE TELEPHONE NUMBER			
240010				
RETURN COMPLETED REPORT TO	TION DATE TELEPHONE NUMBER (660 ) 263-0346			
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RETURN COMPLETED REPORT TO	TION DATE TELEPHONE NUMBER (660 ) 263-0346	5		



#### 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

Cyl. Type 108

Component

**Certified Concentration** 

Ethanol

0.100 ± 2% BrAC (272 ppm) Balance

Nitrogen

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

Concentration **RGM Serial No.** 392.1 ppm EB0010581 EB0010570 259.8 ppm EB0010285 208.0 ppm 103.6 ppm EB0010561 52.12 ppm EB0010681

Concentration CRM Serial No. CC434668 800.0 ppm CC234503 253.0 ppm

**RGM Serial No.** EB0010603 EB0010559 EB0010595 EB0010562 EB0010579

**CRM Serial No.** 0056649 0056662

Concentration 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm

**Concentration** 390.1 ppm 150.2 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:

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**

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

		ple of expired air. Permit issued under the provisions of sections
577.020 t	hrough 577.041, RSMo and 306.111 through 306.119	RSMo.
		Mile Massur
DATE	1/25/2024	1. Inte 1. assista
DAIL		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	240016	
		Davida I. Nichelson
<b>EXPIRES</b>	1/25/2026	
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 CALVERT, BOBBY

Permit No 240016

Date Issued 1/25/2024 Date Expires 1/25/2026

