

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

INTOX EC/IR	II MAINTENANCE	REPORT			REPORT #3
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35					
days). Complete this report whe		-		-	
into service. Retain the origin		hin 15 days to the			
INTOX EC/IR II SN	NAME OF AGENCY	CE DEDE	DATE OF INSPECTION		
12947	ST. JOSEPH POLI	ICE DEPT.	07/08/2024 TIME OF INSPECTION		
LOCATION OF INSTRUMENT (STREET AND C	TTY)		08:23 CDT	1	
501 FARAON ST. JOSEPH	how hy onah itom if fo	and to be deticated		ng within	
CHECKLIST: Place a mark in the established limits. (Write in o	-				
before using instrument.	Saerved values where d	ecermined). Onmar	ned Icens masc be	collected	
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP		X FLOW CHECK			
X SRC TEMP		X FCB CHECK	•		
		land.	077		
X DET TEMP		X CRC COMP CHE			
X BT TEMP		X CRC CAL CHEC	К		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK		7. 7.			
BREATH ANALYZER ACCURACY STA	NDARDS				
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	JRE .	
X STANDARD SUPPLIER INT	POXIMETERS	LOT# AG304601		DATE 02/15/20:	25
SIMULATOR TEMP (34°C +0.2°	C) ISIM.	SN	SIM. NIST EXP		
	7				
CALIDDARION CUECK (AND	ONE GENTLED TO MO	DE 1108D DED 11111			
X CALIBRATION CHECK - (ONLY					
Run three tests using a st					
and must have a spread of used.	.005 or less. Mark	the box correspond	onding to the st	andard solution	being
X 0.10% STANDARD - MUST RE	יאר פּבּישיבּיבוּאו ה הפַבּצּ א	ND 0 105% INCLUS	TVF		
0.08% STANDARD - MUST RE					
0.04% STANDARD - MUST RE					
	,				
TEST 1 🖙 0.099 g/210L	TEST 2 3 0.099	g/210L	TEST 3 3 0.09	9 g/210L	
INDICATE THE NUMBER OF BREAT	H TESTS IN THE FOLL	OWING RANGES SING	CE THE LAST MAIN	TENANCE REPORT:	
REFUSALS 0 004 51	.0509 0	.1014 0	.1519 1	OVER .19 (	0
SATISFACTORILY AND WITHIN ESTABLISHE			ETORE THE INSTRUMENT	TO DPERATE	
SATISFACIONILI AND WITHIN ESTABLISHE	D DIMITS (USE CIMER SIDE	IF NECESSARI/			
MONTHLY TESTING					
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME			
	STEENAND SKWH	FOSTER, JOHN			
	FIRATION DATE 3/07/2025	(816 ) 596-8206	5		
<u> </u>		( 020 / 030 0200			
RETURN COMPLETED REPORT TO THE:					
Breath Alcohol Program, Missouri Department of Health and Senior Services,					
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

Cyl. Type

Component

**Certified Concentration** 

15-Feb-2025

108

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	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	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



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Lot # AG304601 Model 108

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Nitrogen

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 CRM Serial No.
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Approved for Release:

Rod Marsala

Roll Marsola

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### 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

DATE 8/7/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

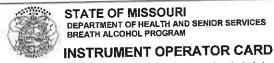
NUMBER 230163

Davis J. Nielselse

MO 580-0771 (6-10)

EXPIRES 8/7/2025

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired ail in Missouri.

Operator FOSTER, JOHN

Permit No 230163
Date Issued 8/7/2023 Date Expires 8/7/2025

