

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

#### INTOX EC/IR II MAINTENANCE REPORT

|                               | ATK TT METHIRIAM                         |   |                       |                | REPORT #3 |
|-------------------------------|--|---|-----------------------|----------------|-----------|
| Complete this report at t     |  |   |                       |                |           |
| days). Complete this repo     |  |   |                       |                |           |
| into service. Retain the      | original and send a copy  NAME OF AGENCY | within 15 days to the                                   |                       |                |           |
| 12965                         | Crestwood PD                             |   | DATE OF INSPECTION    |                |           |
|                               | OCATION OF INSTRUMENT (STREET AND CITY)  |   | 06/10/2024            |                |           |
| 1 Detjen Drive Crestwoo       |  | TIME OF INSPECTION                                      |                       |                |           |
| _                             | found to be activefue                    | 20:35 CDT and to be satisfactory or is operating within |                       |                |           |
| established limits. (Write    |  |   |                       |                |           |
| before using instrument.      | e in observed varies when                | e decermined). Offmar                                   | Ked Items must be     | COTTECTER      |           |
| 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                    | · · · · · · · · · · · · · · · · · · ·    | <b>. Land</b> .   | CRC COMP CHECK        |                |           |
| X BT TEMP                     |  | X CRC CAL CHECK   |                       |                |           |
| X STD 2 TEMP                  | X PRINT TEST                             |   |                       |                |           |
| X ETH CHECK                   |  | 121   |                       |                |           |
| BREATH ANALYZER ACCURAC       | Y STANDARDS                              |   | Miles Mahiles Inc.    |                |           |
| SIMULATOR SOLUTION            | )  | COMPRESSED F  | THANOL-GAS MIXTU      | IPF            |           |
| X STANDARD SUPPLIER           | Intoximeters                             | LOT# AG323603   |                       |                |           |
| SIMULATOR TEMP (34°C          |  | M. SN   | SIM. NIST EXP         |                | 025       |
| DIMOLATOR TEM (54 C           | T0.2 C)                                  | ri. Div   | DIM. NIDI DAE .       | DAIE           |           |
|                               | ONLY ONE GENERAL TO                      | TO DE HOTE DES 125 TA                                   |                       |                |           |
| X CALIBRATION CHECK -         |  |   |                       |                |           |
|                               | g a standard solution.                   |   |                       |                |           |
| and must have a sprea used.   | ad of .005 or less. M                    | ark the box corresp                                     | onding to the st      | andard solutio | n being   |
| •                             | JST READ BETWEEN 0.095                   | & ΣΝΤΆ Ο 1ΟΕ& ΤΝΤΟΙΤΙΟ                                  | • T                   |                |           |
| l 11E                         | JST READ BETWEEN 0.076                   |   |                       |                |           |
|                               | JST READ BETWEEN 0.038                   |   |                       |                |           |
|                               | JOI REAL PHINELIN 0.050                  | 9 174D 0:04Z8 INCHOL                                    | ) T A E               |                |           |
| TEST 1 🐭 0.077 g/210L         | TEST 2 🖙 0.                              | 077 g/210L  | TEST 3 = 0.077 g/210L |                |           |
| INDICATE THE NUMBER OF        | BREATH TESTS IN THE FO                   | OLLOWING RANGES SIN                                     | CE THE LAST MAIN      | TENANCE REPORT | I »       |
|                               |  | JAMONIANO MANOND DIN                                    | CE INA BROI PARLI     | IMMINOS REJURI | •         |
| REFUSALS 0 004                | 0 .0509 0                                | .1014 0   | .1519 0               | OVER .19       | 0         |
| LIST ANY NEW PARTS AND DESCRI |  |   | ESTORE THE INSTRUMENT | TO OPERATE     |           |
| SATISFACTORILY AND WITHIN EST | ABLISHED LIMITS (USE OTHER S             | IDE IF NECESSARY).                                      |                       |                |           |
|                               |  |   |                       |                |           |
|                               |  | •   |                       |                |           |
|                               |  |   |                       |                |           |
|                               |  |   |                       |                |           |
| INSPECTING OFFICER            |  |   |                       |                |           |
| SIGNATURE                     | PRINT FULL NAME                          |   |                       |                |           |
| ► (later Track                | #35/                                     | MARTI, AUSTO  | Ŋ                     |                |           |
| TYPE II PERMIT NUMBER 220168  | 06/24/2024                               | TELEPHONE NUMBER  | 10                    |                |           |
| 220100                        | TOO1 2±1 2024                            | (314)/29-480  | (314)729-4800         |                |           |
| RETURN COMPLETED RI           | DODE HO HITTE                            |   |                       |                |           |
| Maioni Com Philip N           | SPORT TO THE:                            |   |                       |                |           |

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**

Test Date: 24-Aug-2023

Customer Name Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Lot # AG323603 Model 108

Exp Date 24-Aug-2025 Cyl. Type 108 Component Ethanol Certified Concentration 0.080 ± 0.002 BrAC (218 ppm)

. Nitrogen

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
EB0010603 392.5 ppm
EB0010559 258.9 ppm
EB0010562 104.2 ppm
EB0010579 52.94 ppm

CRM Serial No. CC727481 CC727496

Concentration 800,0 ppm 253,0 ppm GRM Serial No. GG727493 GG727498 Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by: Cusility Control Reason: Dry gas standard certification of analysis Location: Airges USA LLC (Lab) Data: (0.24-2023 19:86

Approved for Release:

Yusef Woods

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

## **AUSTON MARTI**

| · ·   |
|---|
| ain instructors, inspect, calibrate, perform field service and repairs,                       |
| KEC/IR II   |
| sample of expired air. Permit lesued under the provisions of sections 119 RSMo.  M.L. Maximu— |
| DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  |
| Dones J. nichoeler  |
| DIRECTOR OF DEPARTMENT OF HEALTHAND BENIOR SERVICES   |
|   |