

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 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.					
into service. Retain the original and send a copy within 15 days to the INTOX EC/IR II SN NAME OF AGENCY		DATE OF INSPECTION	gram, Diiss.		
12965	Crestwood PD		05/22/2024		
LOCATION OF INSTRUMENT (STREET AND CITY	)		TIME OF INSPECTION		
1 Detjen Drive Crestwood			08:00 CDT		
CHECKLIST: Place a mark in the box	by each item if fou	nd to be satisfact	ory or is operatin	g within	
established limits. (Write in obser	rved values where de	termined). Unmark	ed items must be c	orrected	
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 CH				
X BT TEMP			K		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	ARDS				
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE					
X STANDARD SUPPLIER Intox	imeters	LOT# AG323603	EXP.	DATE 08/24/2025	
SIMULATOR TEMP (34°C +0.2°C)	SIM. S	N	SIM. NIST EXP D	DATE	
X CALIBRATION CHECK - (ONLY ON:	E STANDARD IS TO B	E USED PER MAIN'	TENANCE REPORT)		
				of the standard value	
Run three tests using a standard solution. All three tests must be within $\pm 5\%$ of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being					
used.		-	≅		
0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE					
X 0.08% STANDARD - MUST READ	BETWEEN 0.076% AN	D 0.084% INCLUS	IVE		
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	D 0.042% INCLUS	IVE		
	T mpcm 2 12 0 079	~/2101	TEST 3 5 0.078	8 a/210ĭ	
TEST 1 🖙 0.078 g/210L	TEST 2 🖙 0.078				
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLLO	WING RANGES SIN	CE THE LAST MAIN	FENANCE REPORT:	
Difference of the over	.0509 0	.1014 0	.1519 0	OVER .19 0	
REFUSALS 0 004 0				130000000000000000000000000000000000000	
SATISFACTORILY AND WITHIN ESTABLISHED L			BOTOKE THE INCLUSION		
monthly maintenance					
INSPECTING OFFICER		124X 1170 X 12 A K			
SIGNATURE //		PRINT FULL NAME			
► SI-C > 315		MIDYETT, CHRISTOPHER			
	ATION DATE	TELEPHONE NUMBER	2		
230149 07/3	21/2025	(314)729-480	U		
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: 24-Aug-2023

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

Concentration RGM Serial No. 392.5 ppm EB0010603 258.9 ppm EB0010559 EB0010562 104.2 ppm EB0010579 52.94 ppm

CRM Serial No.
CC727481
CC727496

Concentration mqq 0,008 253.0 ppm

CRM Serial No. CC727493

CC727498

Concentration 390.0 ppm

150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control Reason Dry gas standard certification of analysis Location: Anges USA LICC (Lab) Date 08.24.2023 19:58

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

## CHRISTOPHER R. MIDYETT

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

for the determination of the alcoholic content of blood from a sa 577.020 through 577.041, RSMo and 306.111 through 306.119	ample of expired air. Permit issued under the provisions of sections 9 RSMo.		
DATE	Mike Massur		
NUMBER 230149	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
EXPIRES 7/21/2025	Davis I. Nichelson		
O 580-0771 (8-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  LAB 4 (R5-10)		
	Charter (Fig. 1)		