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By Tracy Crews at 10:15 am, Aug 19, 2024



MISSOURI DEPARTMENT OF HEALTH AND STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

ARREST THION ECLIN II	MATINIEMANCE I	KEFOKI			REPORT #3
Complete this report at the time of	=	= · =			
days). Complete this report whenever		=		_	
into service. Retain the original		in 15 days to the			
INTOX EC/IR II SN 12965	NAME OF AGENCY		DATE OF INSPECTION		
	Crestwood PD		08/19/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION		
1 Detjen Drive Crestwood		06:18 CDT			
CHECKLIST: Place a mark in the box					
established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.					
X DIAGNOSTIC RECORD					
l lead					
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	ARDS		· · · · · · · · · · · · · · · · · · ·		
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE				JRE	
X STANDARD SUPPLIER Intox	LOT# AG323603	EXP. DATE 08/24/2025			
SIMULATOR TEMP (34°C ±0.2°C) SIM.		N	SIM. NIST EXP DATE		
–					
CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE 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. 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% 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					
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 FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
			T		
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALT SATISFACTORILY AND WITHIN ESTABLISHED L			ESTORE THE INSTRUMEN	T TO OPERATE	
INSPECTING OFFICER					
SIGNATURE SIGNATURE		PRINT FULL NAME			
- (wan 1 was #35)		AUSTON MARTI			
TYPE II PERMIT NUMBER EXPIRA 240136 06/1	TELEPHONE NUMBER (314) 729-4800				
240130	4/2026	(314)/49-480	V		
RETURN COMPLETED REPORT T Breath Alcohol Program, Miss by mail, fax, or e-mail		of Health and	l Senior Servic	ces,	

Airyas.

Airgae USALLC (LAS) 8600 Bernard Street St. Louie, 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 63148

Lot # AG323603 Model 108

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

Nitrogen

Contification 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. EB0010603 EB0010559 EB0010862 EB0010579 Concentration 392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

CRM Sorial No. CC727481 CC727496 Concentration 800.0 ppm 253.0 ppm CRM Serial No. CC727493

CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by Chesty Control Reason Cryges diancierd certification of analysis Localidm Aigas USA LLC (Lab)

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

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 sample of expired air. Permit issued under the provisions of sections 577,020 through 577,041, RSMo and 306,111 through 306,119 RSMo. Mile Magarer DATE ___6/14/2024 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 240136 Danes I. Michaelson EXPIRES 6/14/2026 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES MO 680-0774 (G-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 sluchol Instrument for the determination of the elcoholic content in breath form of expired air

Operator MARTI, AUSTON

Permit No 240136

Date Expires 6/14/2028

