

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

INTOX EC/IR II			7		REPORT #
Complete this report at the time of					
days). Complete this report whenever					
into service. Retain the original a	nd send a copy with. NAME OF AGENCY	in 15 days to the	DATE OF INSPECTION		
13050	ARNOLD PD		09/01/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION		
2101 JEFFCO BLVD ARNOLD		17:08 CDT			
CHECKLIST: Place a mark in the box	nd to be satisfac		ng within		
established limits. (Write in obser					
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	LOT# AG304002	EXP. DATE 02/09/2025			
SIMULATOR TEMP (34°C +0.2°C)	ISIM. SI	1001	SIM. NIST EXP		723
		N	DIM. NISI EAF	DAIL	
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.					
X 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					
h-d					
TEST 1 © 0.100 g/210L TEST 2 © 0.100		g/210L	TEST 3 🖙 0.100 g/210L		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 2	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE SATISFACTORILY AND WITHIN ESTABLISHED LIN			STORE THE INSTRUMENT	TO OPERATE	745
SWITSPACIONINI AND WITHIN ESTABLISHED LI	AITS (USE OTHER SIDE IF	NECESSARY).			
MAINT					
INSPECTING OFFICER	LAND BUILDING		"是我们来为" 是是	St 1/45 12 15 1	
SIGNATURE		PRINT FULL NAME MATTHEW STIVERS			
TYPE II PERMIT NUMBER EXPIRAT	ATION DATE TELEPHONE NUMBER				
230310 12/11	/2025	(636)296-3206			
RETURN COMPLETED REPORT TO					
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

Test Date: 9-Feb-2023

Certificate of Analysis

Customer Name

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

Lot # AG304002 Model 108

Exp Date 9-Feb-2025 Cyl. Type

Component

Certified Concentration

25

108

Ethanol

0.100 ± 2% BrAC (272 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 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:Airgas USA LLC (Lab) Date:02.09.2023 19:01

Approved for Release:

Rod Marsala

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

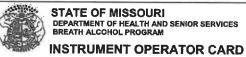


LAB 4 (R6-10)

PERMIT TYPE II

MATTHEW T. STIVERS

and operate the following breath analyzer(s):	rations, train instructors, inspect, calibrate, perform field service and repairs				
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 section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.					
DATE12/11/2023	Mike Mason— DIRECTOR OF STATE PUBLIC HEALTH LABORATORY				
NUMBER 230310	Daves I. Nichelson				
EXPIRES 12/11/2025 MG 580-0721 (6:10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES				



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

Operator STIVERS, MATTHEW

Permit No 230310

Date Issued 12/11/2023 Date Expires 12/11/2025

