

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

TP
3

INTOX EC/IR II					REPORT #3
Complete this report at the time of					
days). Complete this report whenever into service. Retain the original					
INTOX EC/IR II SN	NAME OF AGENCY	nin 15 days to the	DATE OF INSPECTION		
13334	St. Charles Cou	ntv PD	08/28/2024		
LOCATION OF INSTRUMENT (STREET AND CIT			TIME OF INSPECTION		
301 N. Second Street St. Charl	es		12:56 CDT		
CHECKLIST: Place a mark in the box	by each item if fo	und to be satisfac	l tory or is operati	ng within	
established limits. (Write in obse					
before using instrument.					
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP		X FLOW CHECK	CK		
X SRC TEMP		X FCB CHECK		· · · · · · · · · · · · · · · · · · ·	
X DET TEMP		X CRC COMP CHE	CK		
X BT TEMP		X CRC CAL CHEC	K		
X STD 2 TEMP		X PRINT TEST	- ,	 	
X ETH CHECK		_ 			
BREATH ANALYZER ACCURACY STAND	ARDS				
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER INTOX	IMETERS	LOT# AG407801		DATE 03/18/	2026
SIMULATOR TEMP (34°C +0.2°C)	SIM.	SN	SIM. NIST EXP		
X CALIBRATION CHECK - (ONLY ON	E STANDARD IS TO 1	RE HISED DER MATNI	TENANCE PERCENT		
			•		
Run three tests using a stan and must have a spread of .0	05 or less. Mark	the box correspo	onding to the st	* of the star andard soluti	ndard value ion being
used.					
X 0.10% STANDARD - MUST READ					
0.08% STANDARD - MUST READ 0.04% STANDARD - MUST READ	BETWEEN 0.076% A	ND 0.084% INCLUS	IVE		
0.04% SIANDARD - MUSI READ	BETWEEN U.U38% AI	ND 0.042% INCLUS	IAE		
TEST 1 🖙 0.098 g/210L	TEST 2 🐷 0.098	g/210L	TEST 3 🖙 0.09	8 g/210L	
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLLO	OWING RANGES SING	CE THE LAST MAIN	TENANCE REPOR	RT:
, , , , , , , , , , , , , , , , , , ,					
REFUSALS 0 004 10	.0509 0	.1014 1	.1519 0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALT SATISFACTORILY AND WITHIN ESTABLISHED I			STORE THE INSTRUMENT	TO OPERATE	··
	, ,				
MONTHLY MAINTENANCE					
TREETING OFFITER	-				
SIGNATURE		PRINT FULL NAME			-
P0. C. Xa	- 1139	LAUMEIER, JOH	IN		
	ATION DATE	TELEPHONE NUMBER			
240118 05/:	29/2026	(636)949-3000	0		
RETURN COMPLETED REPORT 7	יח יישיי.				
	.0 1115.				
Breath Alcohol Program, Mis	-	of Health and	Senior Service	es,	



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: 19-Mar-2024

Lot # AG407801 Model 108

Exp Date

18-Mar-2026

Cyl. Type

Component

Certified Concentration

108

Ethanol

 $0.100 \pm 2\%$ BrAC (272 ppm)

Nitrogen

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		PP

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	799.4 ppm	CC727493	389.8 ppm
CC727496	253.4 ppm	CC727498	150 2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:03.22.2024 07:50

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

JOHN J. LAUMEIER

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

577.020 through 577.041, RSMo and 306.111 through	on a sample of expired all. Fermit issued under the provisions of sections 306 119 RSMo
	Mile Massur
DATE5/29/2024	DIRECTOR OF STATE PUBLIC HEALTH/LABORATORY
	DIRECTOR OF STATE PUBLIC HEALTH/LABORATORY
NUMBER 240118	Davla I. Niclaulson
EXPIRES 5/29/2026	Houland. ! helpelson
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
MO 580-0771 (6-10)	LAB-4 (R6-10)