

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

INTOX EC/IR II	MAINTENANCE F	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.					
INTOX EC/IR II SN	I NAME OF AGENCY		DATE OF INSPECTION		
13334	St. Charles County PD		11/19/2024		
LOCATION OF INSTRUMENT (STREET AND CITY			TIME OF INSPECTION		
301 N. Second Street St. Charles			07:40 CST		
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within					
established limits. (Write in observed values where determined). Unmarked items must be corrected					
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 STAND	ARDS				
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE					
X STANDARD SUPPLIER INTOX	IMETERS	LOT# AG407801	EXP.	DATE 03/18/2026	
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	SN	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 $\pm 5\%$ of the standard value					
and must have a spread of .005 or less. Mark the box corresponding to the standard solution being					
used.					
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					
TEST 1 © 0.098 g/210L TEST 2 © 0.098		g/210L	TEST 3 3 0.098 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 0	OVER .19 0	
LIST ANY NEW PARTS AND DESCRIBE ANY AL SATISFACTORILY AND WITHIN ESTABLISHED			STORE THE INSTRUMENT	TO OPERATE	
NOVEMBER MAINTENANCE					
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME			
▶ P.O. Laure 11	39	JOHN LAUMEIEF	₹		
	RATION DATE	TELEPHONE NUMBER	0		
240118 05/	29/2026	(636)949-300			
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: 19-Mar-2024

Lot # AG407801 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

18-Mar-2026

108

Ethanol Nitrogen 0.100 ± 2% BrAC (272 ppm)

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

Concentration **RGM Serial No.** 391.8 ppm EB0010581 259.8 ppm EB0010570 209.0 ppm EB0010285 103.7 ppm EB0010561 52.22 ppm EB0010681

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

CRM Serial No.

Concentration

CRM Serial No.

Concentration

CC727481 CC727496 799.4 ppm 253.4 ppm CC727493 CC727498 389.8 ppm 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

for the determination of the alcoholic content of blood from a sample of 577.020 through 577.041, RSMo and 306.111 through 306.119 RSM	
DATE5/29/2024	DIRECTOR OF STATE PUBLIC HEALTHLABORATORY
NUMBER 240118	Davla J. Niclaelson
EXPIRES 5/29/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
MO 580-0771 (8-10)	