

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

INTOX EC/IR II					REPORT #3
Complete this report at the time of					
days). Complete this report whenever into service. Retain the original a					
INTO Service. Retain the original a	NAME OF AGENCY	nin 15 days to the	DATE OF INSPECTION		······································
13339	Gladstone Police Dept.		07/21/2024		
LOCATION OF INSTRUMENT (STREET AND CITY			TIME OF INSPECTION		
7010 N Holmes Gladstone			18:01 CDT		
CHECKLIST: Place a mark in the box	by each item if for	und to be satisfac	tory or is operati	ng within	
established limits. (Write in obse	rved values where d	etermined). Unmar	ked 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 STANDA	ARDS				
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE	
	IMETERS	LOT# AG309502			5
SIMULATOR TEMP (34°C +0.2°C)			SIM. NIST EXP	DATE	
X CALIBRATION CHECK - (ONLY ON)	E CHANDADD IC TO	DE HEED DED MATM	TENANCE DEDOPTI		
	1			e of the standar	ouless be
Run three tests using a stand and must have a spread of .00					
used.	oo or resp. Harn		onding to the st		
X 0.10% STANDARD - MUST READ	BETWEEN 0.095% A	ND 0.105% INCLUS	IVE		
0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ					
l-mail					
TEST 1 🖙 0.100 g/210L	TEST 2 🖙 0.099	g/210L TEST 3 © 0.099 g/210L			
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLL	OWING RANGES SIN	CE THE LAST MAIN	TENANCE REPORT:	A
REFUSALS 0 004 0	.0509 2	.1014 0	1.1519 1	OVER .19 1	
REFUSALS 0 004 0 LIST ANY NEW PARTS AND DESCRIBE ANY ALT:		İ	I	TO OPPOATE	
SATISFACTORILY AND WITHIN ESTABLISHED L			ESTORE THE INSTRUMENT	10 OFERALE	
JULY TEST					
INSPECTING OFFICER					
		PRINT FULL NAME			
SIGNATURE \$170	ω	ANTHONY CONSIGLIO			
	ATION DATE	TELEPHONE NUMBER			
230102 05/3	0/2025	(816)436-355	0		
RETURN COMPLETED REPORT T	O THE:				
Breath Alcohol Program, Miss		t of Health and	Senior Service	AS.	
-	Journ Deparement	or mountmane	L DOLLATO	~~ <i>(</i>	
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: 5-Apr-2023

Lot # AG309502 Model 108

Exp Date 5-Apr-2025

Cyl. Type 108

Component

Certified Concentration

Ethanol Nitrogen 0.100 ± 2% BrAC (272 ppm)

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 EB0010559 EB0010562 EB0010579

392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

CRM Serial No. CC727481

Concentration 800.0 ppm 253.0 ppm

CRM Serial No. CC727493

CC727498

Concentration 390.0 ppm

150.0 ppm

Analytical Method:

CC727496

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Argas USA LLC (Leb) Date:04.05.2023 17:25

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

ANTHONY CONSIGLIO JR

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 expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE	5/30/2023	Mike Massur
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	230102	
EXPIRES 5/30/2025	Davla I. Nichelson	
	· ·	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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

Operator CONSIGLIO JR, ANTHONY

Permit No 230102

Date Issued 5/30/2023 Date Expires 5/30/2025

