

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

	R II MAINTENANCE			REPORT #3	
Complete this report at the					
days). Complete this report					
INTOX EC/IR II SN		and send a copy within 15 days to the		DATE OF INSPECTION	
13339	Gladstone Poli	ce Dept.	09/01/2024		
LOCATION OF INSTRUMENT (STREET A			TIME OF INSPECTION		
7010 N Holmes Gladstone			09:21 CDT		
CHECKLIST: Place a mark in the	ne box by each item if f	found to be satisfac	ctory or is operati	ng within	
established limits. (Write in	n observed values where	determined). Unman	rked 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		- Landing Control of the Control of	X FCB CHECK		
X DET TEMP		X CRC COMP CH	•		
X BT TEMP		X CRC CAL CHE	X CRC CAL CHECK		
X STD 2 TEMP	''' ''' ' 	X PRINT TEST	X PRINT TEST		
X ETH CHECK					
BREATH ANALYZER ACCURACY	STANDARDS				
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE					
X STANDARD SUPPLIER INTOXIMETERS		LOT# AG309502	EXP. DATE 05/04/2025		
SIMULATOR TEMP (34°C ±0	.2°C) SIM.	SN	SIM. NIST EXP	DATE	
X 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% INCLUS	SIVE		
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 5 0.100 g/210L TEST 2 5 0.100		00 g/210L	TEST 3 © 0.099 g/210L		
		-			
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS 0 004	0 .0509 0	.1014 1	.1519 0	OVER .19 1	
LIST ANY NEW PARTS AND DESCRIBE A SATISFACTORILY AND WITHIN ESTABLE			RESTORE THE INSTRUMENT	TO OPERATE	
omionoloxidi ino wimin bombi.	TOTAL TIME (OUR CIMEN OUR	B II NECESTRALY.			
MONTHLY TEST					
THE PROPERTY OF THE PROPERTY O					
INSPECTING OFFICER SIGNATURE		PRINT FULL NAME			
SIGNATURE	#IJOJO	ANTHONY P CONSIGLIO			
TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER	TELEPHONE NUMBER		
230102	05/30/2025	(816)436-3550			
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: 5-Apr-2023

Lot # AG309502 Model 108

Exp Date 5-Apr-2025

Cyl. Type 108

Component Ethanol

Certified Concentration 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. EB0010603 EB0010559 EB0010562 EB0010579

Concentration 392.5 ppm 258.9 ppm 104.2 ppm 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:Arigas USA LLC (Lab) Date:04.05.2023 17:55

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**



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

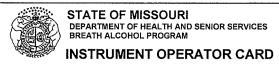
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo. MA

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DATE5/30/2023	Mike Massur
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230102	Datrio
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

Operator CONSIGLIO JR, ANTHONY

Permit No 230102

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

