

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

INTOX EC/IR II	MAINTENANCE	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		-		-	
into service. Retain the original a		hin 15 days to the		-	
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION		
13339	Gladstone Polic	e Dept.	09/29/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION		
7010 N Holmes Gladstone			10:26 CDT		
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.	ved values where d	etermined). Unmar.	ked items must be	corrected	
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP	X FLOW CHECK				
X SRC TEMP					
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 STANDA	RDS				
SIMULATOR SOLUTION		V COMDDESSED F	THANOL-CAS MIYTH	ਹਿ ਜਾ	
	IMETERS	LOT# AG309502	ED ETHANOL-GAS MIXTURE 502 EXP. DATE 05/04/2025		
- National					
SIMULATOR TEMP $(34^{\circ}C \pm 0.2^{\circ}C)$	SIM.	SN	SIM. NIST EXP	DATE	
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO	BE USED PER MAIN'	TENANCE REPORT)		
Run three tests using a stand	lard solution. A	ll three tests m	ust be within <u>+</u> 5	% of the standard value	
and must have a spread of .00	5 or less. Mark	the box correspo	onding to the st	andard solution being	
used.					
X 0.10% STANDARD - MUST READ					
0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ	BETWEEN 0.038% A	ND 0.042% INCLUS	IVE		
TEST 1 5 0.100 g/210L	TEST 2 5 0.100	α/210τ.	TEST 3 🖙 0.09	9 0/2101.	
~				J.	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS 0 004 0	.0509 0	.1014 2	.1519 0	OVER .19 2	
	RATION OR MODIFICATIO		STORE THE INSTRUMENT	TO OPERATE	
SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).					
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME			
*IDI	170	ANTHONY CONSI	GLIO		
	TION DATE	TELEPHONE NUMBER			
230102 05/3	0/2025	(816)436-3550	J		
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 Nitrogen Certified Concentration

0.100 ± 2% BrAC (272 ppm)

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

RGM Serial No. Concentral EB0010581 391.8 ppm EB0010570 259.8 ppm EB0010285 209.0 ppm EB0010561 103.7 ppm EB0010681 52.22 ppm	EB0010603 EB0010559 EB0010562 FB0010579	70. Concentration 392,5 ppm 258.9 ppm 104.2 ppm 52,94 ppm
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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 cortification of analysis Location:Argas USA LLC (Lab) Date:04.05.2023 17:65

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	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)



