

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	nd send a copy with	nin 15 days to the	DATE OF INSPECTION		
13339	Gladstone Police	e Dent	10/26/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)		c beper	TIME OF INSPECTION		
7010 N Holmes Gladstone			12:30 CDT		
CHECKLIST: Place a mark in the box	by each item if for	and to be satisfac		ng within	
established limits. (Write in obser			-	-	
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 CHE	CK		
X BT TEMP		X CRC CAL CHEC	K		
X STD 2 TEMP	X	X PRINT TEST			
X ETH CHECK	44				
BREATH ANALYZER ACCURACY STANDA	RDS				
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER INTOX	METERS	LOT# AG309502		DATE 05/04/202	.5
SIMULATOR TEMP (34°C +0.2°C)	SIM. S	SN	SIM. NIST EXP	DATE	***************************************
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO I	RE HISED PER MATN	TENANCE REPORT)		
				0 of the standay	مدا سبا
Run three tests using a stand and must have a spread of .00					
used.					20229
X 0.10% STANDARD - MUST READ	BETWEEN 0.095% AN	ND 0.105% INCLUS	IVE		
0.08% STANDARD - MUST READ	BETWEEN 0.076% AN	ND 0.084% INCLUS	IVE		
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	ND 0.042% INCLUS	IVE		
		10.4.0-	T		
TEST 1 🖙 0.100 g/210L	TEST 2 🖙 0.100	g/210L	TEST 3 ☞ 0.10	0 g/210L	
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	OWING RANGES SING	CE THE LAST MAIN	TENANCE REPORT:	
	05 00 0	10 14 0	T 45 40 4	Town 10 c	
REFUSALS 0 004 1	.0509 0	.1014 0	.1519 1	OVER .19 0)
SATISFACTORILY AND WITHIN ESTABLISHED LI	ERATION OR MODIFICATION MITS (USE OTHER SIDE)		STORE THE INSTRUMENT	TO OPERATE	
INSPECTING OFFICER					
		PRINT FULL NAME			
	15059	ANTHONY P CON	SIGLIO		
	TION DATE	TELEPHONE NUMBER		* · · · · · · · · · · · · · · · · · · ·	
230102 05/3	0/2025	(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

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. EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	Concentration 391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm 52.22 ppm	RGM Serial No. EB0010603 EB0010559 EB0010562 EB0010579	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 certification of analysis Location:Argas USA LLC (Lab) Dato:04,05,2023 17:55

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	Mile Massur
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	230102	
EXPIRES	5/30/2025	Davla J. Nichelson
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authonzed 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

