

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

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BREATH ALCOHOL PROGRAM  INTOX EC/IR II MAINTENANCE REPORT	
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INTOX EC/IR II	MAINTENANCE I	REPORT			REPORT #3		
Complete this report at the time of	the regular monthl	y preventive mainte	enance check (not	to exceed 35			
days). Complete this report whenever	er the instrument is	serviced or repair	red and whenever :	it is placed			
into service. Retain the original a		in 15 days to the E		ogram, DHSS.			
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION				
12672	BALLWIN POLICE D	EPT.	01/08/2025				
LOCATION OF INSTRUMENT (STREET AND CITY)	1		TIME OF INSPECTION				
302 KEHRS MILL RD BALLWIN			06:58 CST				
CHECKLIST: Place a mark in the box							
established limits. (Write in obser	rved values where de	termined). Unmarke	ed items must be	corrected			
X DIAGNOSTIC RECORD							
		X CO2 CHECK					
X BLANK CHECK							
X FC 1 TEMP		X FLOW CHECK					
X SRC TEMP		X FCB CHECK					
X DET TEMP		X CRC COMP CHEC					
X BT TEMP		X CRC CAL CHECK					
X STD 2 TEMP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X PRINT TEST					
X ETH CHECK		<u> </u>		<u> </u>			
BREATH ANALYZER ACCURACY STANDA	ARDS						
SIMULATOR SOLUTION		X COMPRESSED ET	HANOL-GAS MIXTU	RE			
	IMETERS	LOT# AG305102		DATE 02/20/20	125		
	SIM. S		SIM. NIST EXP				
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	NO IV	SIM. NISI EAF	DAIL			
X CALIBRATION CHECK - (ONLY ON	E STANDARD IS TO B	E USED PER MAINT	ENANCE REPORT)				
Run three tests using a stand	dard solution. Al	l three tests mu	st be within <u>+</u> 5	% of the standa	rd 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% AN	ID 0.042% INCLUSI	. V &				
TTOT 1 :: 0 100 ~ /2101	TEST 2 3 0.100	α/210I.	TEST 3 🐃 0.10	0 g/210T			
TEST 1 0.100 g/210L	1						
INDICATE THE NUMBER OF BREATH	FESTS IN THE FOLLO	WING RANGES SINC	E THE LAST MAIN	TENANCE REPORT:			
	T 05 00 0	10 14 0	.1519 0	OVER .19	0		
REFUSALS 0 004 12	.0509 0	.1014 0					
LIST ANY NEW PARTS AND DESCRIBE ANY ALT SATISFACTORILY AND WITHIN ESTABLISHED L	ERATION OR MODIFICATION IMITS (USE OTHER SIDE :	N THAT WAS MADE TO REP IF NECESSARY).	STORE THE INSTRUMENT	10 OPERALE			
INSPECTING OFFICER		·					
SIGNATURE 1	32 <b>5</b>	PRINT FULL NAME LEROY BEARD					
	ATION DATE	TELEPHONE NUMBER			<del></del>		
	21/2025	(636)227-9636	5				
RETURN COMPLETED REPORT							
Breath Alcohol Program, Missouri Department of Health and Senior Services,							

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: 20-Feb-2023

Lot # AG305102 Model 108

**Exp Date** 

Cyl. Type

Component

**Certified Concentration** 

20-Feb-2025

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 EB0010570 259.8 ppm EB0010285 209.0 ppm 103.7 ppm EB0010561 EB0010681 52.22 ppm

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

**CRM Serial No.** 

Concentration

**CRM Serial No.** 

Concentration

CC727481 CC727496 mag 0.008 253.0 ppm CC727493 CC727498 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:02.20.2023 17:37

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 LEROY BEARD

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

## INTOX EC/IR II

for the determination of the clashelic 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.
DATE7/21/2023	Mile Masson
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230146	Dave & Nichard

MO 580-0771 (6-10)

EXPIRES 7/21/2025

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES 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.

BEARD, LEROY Permit No

Date Issued 7/21/2023

Date Expires 7/21/2025

