

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

INTOX EC/IR II M	AINTENANCE	REPORT			REPORT #3
Complete this report at the time of t		7 70			
days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed					
into service. Retain the original and	l send a copy with NAME OF AGENCY	in 15 days to the	A service of the serv	ogram, DHSS.	
	St. Peters		DATE OF INSPECTION 01/02/2025		
LOCATION OF INSTRUMENT (STREET AND CITY)	oc. receis		TIME OF INSPECTION		
1020 Grand Teton St. Peters			15:32 CST		
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.					
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 STANDARD	S				
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE					
X STANDARD SUPPLIER INTOXIME	ETERS	LOT# AG305902	EXP.	DATE 02/28/2	2025
SIMULATOR TEMP (34°C +0.2°C)	SIM. S	SN	SIM. NIST EXP I	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 $\pm 5\%$ 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% INCLUSIVE					
0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE					
0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE					
		77 - 30 - 30 - 30 - 30 - 30 - 30 - 30 -			
TEST 1 0.100 g/210L TEST 2 0.100 g/210L		g/210L	TEST 3 0.100 g/210L		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
	0509 3	.1014 2	.1519 6	OVER .19	3
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERAT SATISFACTORILY AND WITHIN ESTABLISHED LIMIT			STORE THE INSTRUMENT	TO OPERATE	
INCRECEING OFFICER					
INSPECTING OFFICER		PRINT FULL NAME			
DA MITT 1/1/4 435		MATTHEW KRAHL			
TYPE II PERMIT NUMBER EXPIRATIO	N DATE	TELEPHONE NUMBER			
230178 08/11/2	2025	(636)278-2222			
RETURN COMPLETED REPORT TO THE:					
Breath Alcohol Program, Missouri Department of Health and Senior Services,					
by mail, fax, or e-mail					
~ 1 marri ray, Or C-liarr					



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: 28-Feb-2023

Lot # AG305902 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

28-Feb-2025

108

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 392.5 ppm

EB0010603 EB0010559 EB0010562

258.9 ppm 104.2 ppm

EB0010579

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:Airgas USA LLC (Lab) Date:03.01.2023 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



MATTHEW KRAHL

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 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.	Mike Massur
DATE8/11/2023	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230178	Davla I. nichelson
EXPIRES 8/11/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
MO 580-0771 (6-10)	LAB-4 (R6-10)

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 KRAHL, MATTHEW

Permit No 230178

Date Issued 8/11/2023 Date Expires 8/11/2025

