

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

		WAINLENA				REPORT #3	
Complete this report at the	ne time of	the regular	monthly	y preventive maint	enance check (not	to exceed 35	
days). Complete this repor	rt wheneve	r the instrum	nent is	serviced or repai	ired and whenever i	t is placed	
into service. Retain the	original a			in 15 days to the	Breath Alcohol Pro	ogram, DHSS.	
INTOX EC/IR II SN		NAME OF AGENC		T.	01/03/2025		
12676	GIMIL	FLORISSANT	POLIC	E .	TIME OF INSPECTION		
LOCATION OF INSTRUMENT (STREET AND CITY)					11:12 CST		
1700 US HWY 67 FLORISSA CHECKLIST: Place a mark in		hu oach item	if four	nd to be satisfact		ng within	
established limits. (Write							
before using instrument.	02002			,			
X DIAGNOSTIC RECORD		11					
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				A			
BREATH ANALYZER ACCURAC	TV (M337D3	DDC.					
	JI SIANDA	.RDS		COMPRESED F	THANOTCAS MIXTII	F F	
	SIMULATOR SOLUTION				COMPRESSED ETHANOL-GAS MIXTURE LOT# AG304601 EXP. DATE 02/15/2025		
X STANDARD SUPPLIER		meters			ISIM. NIST EXP I		
SIMULATOR TEMP (34°C	±0.2°C)		SIM. S	IN	SIM. NISI CAP I	DATE	
X CALIBRATION CHECK -							
Run three tests using	g a stand	ard solution	n. Al	l three tests mu	ist be within $\pm 5^{\circ}$	of the standard value	
	ad of .00	5 or less.	Mark	the box correspo	onding to the sta	andard solution being	
used.			050 337	D 0 1050 THOLLIG			
0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE							
0.08% STANDARD - MU							
0.04% STANDARD - M	JOI KEAD	DEIWEEN C.C.	JO 0 1114	D 0.012 0 111020D.			
TEST 1 0.099 g/210L		TEST 2 0.099 g/210L			TEST 3 🐸 0.099 g/210L		
INDICATE THE NUMBER OF	BREATH T	ESTS IN THE	FOLLO	WING RANGES SING	CE THE LAST MAIN	TENANCE REPORT:	
REFUSALS 1 004	-	.0509	0	.1014 0	.1519 0	OVER .19 0	
LIST ANY NEW PARTS AND DESCRI SATISFACTORILY AND WITHIN EST	BE ANY ALTI	RATION OR MODII	FICATION R SIDE I	THAT WAS MADE TO RE F NECESSARY).	STORE THE INSTRUMENT	TO OPERATE	
BATISTACIONISI TALO WITHIN DEL							
January Maintenance							
-							
			_				
INSPECTING OFFICER				PRINT FULL NAME			
SIGNATURE DUISHUNG	731		- 1	HEISSERER, JA	COB		
TYPE II PERMIT NUMBER	EXPIRA	TION DATE		TELEPHONE NUMBER			
240260	12/1	3/2026	-	(314)831-700	0		
RETURN COMPLETED R	EDODA A	о тик.					
Breath Alcohol Progra			tment	of Health and	Senior Service	es,	
by mail. fax. or e-m		Cull Depai					
	444						



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: 15-Feb-2023

Lot # AG304601 Model 108

Exp Date 15-Feb-2025 Cyl. Type 108

Component Ethanol

Certified Concentration

Nitrogen

 $0.100 \pm 2\%$ BrAC (272 ppm)

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
FB0010681	52.22 ppm		

CRM Serial No. Concentration 800.0 ppm CC727481 CC727496

CRM Serial No. CC727493 CC727498 253.0 ppm

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

igitally signed by: Quality Control eason: Dry gas standard certification of analysis ication: Airgas USA LLC (Lab) ite: 02.16.2023 13:50

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

JACOB HEISSERER

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

DATE 12/13/2024

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240260

EXPIRES 12/13/2026

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 in Missouri.

Operator HEISSERER, JACOB

Permit No 240260

577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

Date Issued 12/13/2024 Date Expires 12/13/2026

