

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 monthl	ly preventive maint	tenance check (not	to exceed 35	WILLIAM HO
days). Complete this report whenever	r the instrument is	s serviced or repai	ired and whenever	it is placed	
into service. Retain the original a		in 15 days to the		ogram, DHSS.	
INTOX EC/IR II SN 12683	NAME OF AGENCY SLMPD		DATE OF INSPECTION		
LOCATION OF INSTRUMENT (STREET AND CITY)			01/28/2025		
5120 CLAYTON RD ST LOUIS		TIME OF INSPECTION			
CHECKLIST: Place a mark in the box	by each item if for	und to be satisfact	09:42 CST	- INFLIF	
established limits. (Write in obser	ved values where de	etermined). Unmar	ced items must be	orrected	
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 CHEC	CK		
X BT TEMP		X CRC CAL CHECK			
X STD 2 TEMP		X PRINT TEST	*		
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	RDS				
SIMULATOR SOLUTION		X COMPRESSED ET	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER INTOXI	METERS	LOT# AG422007		DATE 08/07/:	2026
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	3N	SIM. NIST EXP I	- W 0	
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO B	E USED PER MAINT	ENANCE REPORT)		
Run three tests using a stand				of the stand	dard malue
and must have a spread of .00	5 or less. Mark	the box correspo	onding to the sta	andard solution	on being
usea.					
0.10% STANDARD - MUST READ					
X 0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	ID 0.042% INCLUSI	VE		
TEST 1 0.079 g/210L	TEST 2 3 0.079	g/210L	TEST 3 5 0 079	a a/210t.	
		g/210L TEST 3 3 0.079 g/210L DWING RANGES SINCE THE LAST MAINTENANCE REPORT:			
INDICATE THE NORDER OF BREATH I	Oddor ant at cice	WING KANGES SINC	E THE LAST MAINT	ENANCE REPOR	r:
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE	RATION OR MODIFICATION	THAT WAS MADE TO RE	STORE THE INSTRUMENT	TO OPERATE	
SATISFACTORILY AND WITHIN ESTABLISHED LIN	IITS (USE OTHER SIDE I	F NECESSARY)			
INCORPORATION OFFICE					
INSPECTING OFFICER		20010 - 2000 - 2010 20010 - 2000 - 2010			
- ITO ANNI NO	711	CHRISTIAN, SC	ा गग		
	TION DATE	TELEPHONE NUMBER			
230286 12/06	5/2025	(314)444-5345			
RETURN COMPLETED REPORT TO	THE:				
Breath Alcohol Program, Misso	ouri Department	of Health and	Senior Service	G.	
by mail, fax, or e-mail	our reput emeste	or mearen and	penior pervice		



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: 8-Aug-2024

Lot # AG422007 Model 108

Exp Date 7-Aug-2026 Cyl. Type 108 Component

Certified Concentration

Ethanol

0.082 ± 0.002 BrAC (223 ppm)

Nitrogen

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
EB0010681	52.22 ppm		manuscratter for facility

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	799.4 ppm	CC727493	389.8 ppm
CC727496	253.4 ppm	CC727498	150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:06.08.2024 20:33

Approved for Release:

Yusef Woods

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



MO 680-0771 (6-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



LAB-4 (R5-10)

PERMIT

SCOTT CHRISTIAN

and operate the following breath analyzer(s):	rs, train instructors, inspect, calibrate, perform field service and repairs
INT	OX EC/IR II
for the determination of the alcoholic content of blood fro 577.020 through 577.041, RSMo and 306.111 through to	om a sample of expired air. Permit Issued under the provisions of sections 306.119 RSMo. Mile Massure
DATE12/6/2023	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230286	Doula I. Nichelson
EXPIRES 12/6/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES