

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	f the regular month)	ly preventive maint	enance check (not	to exceed 35	
days). Complete this report whenever	er the instrument is	s serviced or repai	red and whenever	it is placed	
into service. Retain the original a	NAME OF AGENCY	ain 15 days to the	DATE OF INSPECTION	ogram, DHSS.	
12692	SLMPD		01/28/2025		
LOCATION OF INSTRUMENT (STREET AND CITY			TIME OF INSPECTION		
5120 CLAYTON RD ST LOUIS			09:13 CST		
CHECKLIST: Place a mark in the box	by each item if for	and to be satisfact		ar within	
established limits. (Write in obse					
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		XCRC COMP CHECK			
X BT TEMP		X CRC CAL CHECK			
X STD 2 TEMP		The second secon			
		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	RDS				
SIMULATOR SOLUTION		X COMPRESSED ET	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER INTOX	IMETERS	LOT# AG422007	EXP.	DATE 08/07/202	5
SIMULATOR TEMP (34°C +0.2°C)	SIM. S	SN	SIM. NIST EXP	DATE	
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO F	BE USED PER MAINT	ENANCE REPORT)		
Run three tests using a stand				k of the standar	d malue
and must have a spread of .00)5 or less. Mark	the box correspo	inding to the sta	andard solution	being
used.		2	3		5
0.10% STANDARD - MUST READ	BETWEEN 0.095% AN	ND 0.105% INCLÚSI	VE		
X 0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	ND 0.042% INCLÚSI	VE		
TEST 1 0.081 g/210L	TEST 2 0.081	g/210L	TEST 3 3 0.08	1 g/210L	
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SINC	E THE LAST MAIN	TENANCE REPORT:	
	r				
REFUSALS 0 004 0	.0509 0	.1014 0	1519 0	OVER .19 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE SATISFACTORILY AND WITHIN ESTABLISHED LI			STORE THE INSTRUMENT	TO OPERATE	
	MITO (OLD OTHER DIDE I	IL MECESSARIA			
INSPECTING OFFICER					
SIGNATURE O SCOH		PRINT FULL NAME CHRISTIAN, SCOTT			
TYPE II PERMIT NUMBER EXPIRA	TION DATE	TELEPHONE NUMBER	JIT		
ACCUPANCE AND AC	6/2025	(314)444-5345			
RETURN COMPLETED REPORT TO					
Breath Alcohol Program, Miss	ouri Department	of Health and	Senior Service	es,	
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: 8-Aug-2024

Lot # AG422007 Model 108

Exp Date 7-Aug-2026 Cyl. Type 108 Component Ethanol Certified Concentration 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		75 V

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:08.08,2024 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



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

SCOTT CHRISTIAN

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 (re 577.020 through 577.041, RSMo and 306.111 through 6	om a sample of expired air. Permit Issued under the provisions of sections 306.119 RSMo.			
DATE12/6/2023	Mile Massini DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 230286				
EXPIRES 12/6/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES			

MO 580-0774 (6-10)

LAB-4 (R6-10)