



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 monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX EC/IR II SN 12701	NAME OF AGENCY OVERLAND POLICE DEPT	DATE OF INSPECTION 01/01/2025
LOCATION OF INSTRUMENT (STREET AND CITY) 2410 GOODALE OVERLAND		TIME OF INSPECTION 13:44 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.

<input checked="" type="checkbox"/> <b>DIAGNOSTIC RECORD</b>	
<input checked="" type="checkbox"/> BLANK CHECK	<input checked="" type="checkbox"/> CO2 CHECK
<input checked="" type="checkbox"/> FC 1 TEMP	<input checked="" type="checkbox"/> FLOW CHECK
<input checked="" type="checkbox"/> SRC TEMP	<input checked="" type="checkbox"/> FCB CHECK
<input checked="" type="checkbox"/> DET TEMP	<input checked="" type="checkbox"/> CRC COMP CHECK
<input checked="" type="checkbox"/> BT TEMP	<input checked="" type="checkbox"/> CRC CAL CHECK
<input checked="" type="checkbox"/> STD 2 TEMP	<input checked="" type="checkbox"/> PRINT TEST
<input checked="" type="checkbox"/> ETH CHECK	

<b>BREATH ANALYZER ACCURACY STANDARDS</b>			
<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE		
<input checked="" type="checkbox"/> STANDARD SUPPLIER	INTOXIMETERS	LOT# AG313001	EXP. DATE 05/10/2025
<input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C)	SIM. SN	SIM. NIST EXP DATE	

**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 ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used.

<input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
<input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 <input checked="" type="checkbox"/> 0.100 g/210L	TEST 2 <input checked="" type="checkbox"/> 0.100 g/210L	TEST 3 <input checked="" type="checkbox"/> 0.100 g/210L
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**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:**

REFUSALS	1	0-.04	1	.05-.09	1	.10-.14	0	.15-.19	1	OVER .19	2
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>C. Schott 546</i>	PRINT FULL NAME SCHOTT, CHRIS
TYPE II PERMIT NUMBER 240142	TELEPHONE NUMBER ( 314 ) 428-1221
EXPIRATION DATE 06/21/2026	

**RETURN COMPLETED REPORT TO THE:**  
Breath Alcohol Program, Missouri Department of Health and Senior Services,  
by mail, fax, or e-mail

AS IV Serial no: 030809  
Version no: 532B

TEST RECORD 01905  
s/  
Temp Date Time 210L

UOID: RFI  
12 01/01/25 15:01

Subject Name

RFI

Subject I.D.

RFI

Location

2410 Goodale

Overland mo 6314

Schott 546

AS IV Serial no: 030809  
Version no: 532B

TEST RECORD 01906  
s/  
Temp Date Time 210L

Air Blank:

01/01/25 15:04 .000

Calibration Check:

23 01/01/25 15:04 .099

Subject Name

TEST 1

Subject I.D.

TEST 1

Operator Name, I.D.

C. Schott 546

Location

2410 Goodale

Overland, MO, 6314

AS IV Serial no: 030809  
Version no: 532B

TEST RECORD 01907  
s/  
Temp Date Time 210L

Air Blank:

01/01/25 15:06 .000

Calibration Check:

24 01/01/25 15:06 .099

Subject Name

TEST 2

Subject I.D.

TEST 2

Operator Name, I.D.

C. Schott 546

Location

2410 Goodale

Overland, MO, 6314

AS IV Serial no: 030809  
Version no: 532B

TEST RECORD 01908  
s/  
Temp Date Time 210L

Air Blank:

01/01/25 15:08 .000

Calibration Check:

24 01/01/25 15:08 .098

Subject Name

TEST 3

Subject I.D.

TEST 3

Operator Name, I.D.

C. Schott 546

Location

2410 Goodale

Overland, MO, 6314



Airgas USA LLC (LAB)  
 3500 Bernard Street  
 St. Louis, Mo. 63103  
 Ph: (314) 533-3100  
 Fax: (314) 533-7328

## Certificate of Analysis

Test Date: 10-May-2023

Customer Name  
 Exclusive Supplier  
 Intoximeters, Inc.  
 2081 Craig Road  
 St. Louis, Mo 63146

Lot # AG313001 Model 108

Exp Date	Cyl. Type	Component	Certified Concentration
10-May-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	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		

  

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by: Quality Control  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)  
 Date: 05.15.2023 11:34

Approved for Release:   
 Rod Marsala

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