

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

27	INTOX	EC/IR	ΙI	MAINTENANCE	REPORT

INTOX EC/IR II	MAINTENANCE I	REPORT		REPORT #3	
Complete this report at the time of	T.				
days). Complete this report whenever		_			
into service. Retain the original a		in 15 days to the		ogram, DHSS.	
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION		
12701	OVERLAND POLICE	DEPT	02/03/2025	and the second second second	
LOCATION OF INSTRUMENT (STREET AND CITY)	0		TIME OF INSPECTION		
2410 GOODALE OVERLAND			12:52 CST		
CHECKLIST: Place a mark in the box					
established limits. (Write in obser	ved values where de	termined). Unmark	ted items must be	corrected	
before using instrument. X DIAGNOSTIC RECORD					
Account to the second s		CHICAL CHIPCH			
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 STANDA	PDG				
	.kD5	PERCOMPARAGED BY	DILANOY CAC MIVEL	DF.	
SIMULATOR SOLUTION		hand	X COMPRESSED ETHANOL-GAS MIXTURE		
		LOT# AG313001		DATE 05/10/2025	
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	SN	SIM. NIST EXP	DATE	
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO B	E USED PER MAINT	TENANCE REPORT)		
Run three tests using a stand				% of the standard value	
and must have a spread of .00)5 or less. Mark	the box correspo	onding to the st	andard solution being	
used.		•		-	
X 0.10% STANDARD - MUST READ	BETWEEN 0.095% AN	ID 0.105% INCLUSE	IVE		
0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	ND 0.042% INCLUS	IVE		
Research			,		
TEST 1 🖙 0.100 g/210L	TEST 2 👺 0.100 g/210L		TEST 3 🖙 0.100 g/210L		
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SING	E THE LAST MAIN	TENANCE REPORT:	
REFUSALS 0 004 11	.0509 1	.1014 0	.1519 1	OVER .19 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE	RATION OR MODIFICATION	N THAT WAS MADE TO RE	STORE THE INSTRUMENT	TO OPERATE	
SATISFACTORILY AND WITHIN ESTABLISHED LI					
ENGARGETHE OPETORS					
INSPECTING OFFICER		PRINT FULL NAME			
SIGNATURE C. SIMME 546	SCHOTT, CHRIS				
	TION DATE	TELEPHONE NUMBER			
I DESCRIPTION OF THE PROPERTY OF A PARTY OF THE PARTY OF	1/2026	(314)428-122	1		
RETURN COMPLETED REPORT T		_			
Breath Alcohol Program, Miss	ouri Department	of Health and	Senior Servic	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

Test Date: 10-May-2023

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

Lot # AG313001 Model 108

Exp Date 10-May-2025 Cyl. Type 108 Component

Ethanol Nitrogen Certified Concentration 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. EB0010603 EB0010559 EB0010562 EB0010579 Concentration 392.5 ppm 258.9 ppm 104.2 ppm 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:Argas 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



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM**



PERMIT TYPE II

CHRIS D. SCHOTT

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

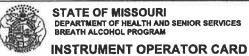
ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE6/21/2024		Mile Masson		
	•	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 240142		Daves I. Nichelson		
EXPIRES 6/21/2026		Tours - 1 Hersely		
EAFINES W/21/2020		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		
		440.400.400		

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

SCHOTT, CHRIS Operator

Permit No 240142 Date Issued 6/21/2024 Date Expires 6/21/2026

