



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 03/03/2025
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LOCATION OF INSTRUMENT (STREET AND CITY) 2410 GOODALE OVERLAND	TIME OF INSPECTION 11:37 CST
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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"/> DIAGNOSTIC RECORD	
<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	

BREATH ANALYZER ACCURACY STANDARDS	
<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

<input checked="" type="checkbox"/> 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 1 ¹⁰⁰ 0.100 g/210L	TEST 2 ¹⁰⁰ 0.100 g/210L	TEST 3 ¹⁰⁰ 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	5	.05-.09	0	.10-.14	0	.15-.19	0	OVER .19	0

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).

INSPECTING OFFICER	
SIGNATURE <i>C. Schott</i>	PRINT FULL NAME SCHOTT, CHRIS
TYPE II PERMIT NUMBER 240142	EXPIRATION DATE 06/21/2026
	TELEPHONE NUMBER (333) 314-4281

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 01938 s/
Temp Date Time 210L

Air Blank: 03/03/25 12:54 .000
Calibration Check: 23 03/03/25 12:54 .099

Subject Name
Test 1

Subject I.D.
Test 1

Operator Name, I.D.
C. Schott 548

Location
2410 Goodale

Overland, Mo, 63114

AS IV Serial no: 030809
Version no: 532B

TEST RECORD 01939 s/
Temp Date Time 210L

Air Blank: 03/03/25 12:56 .000
Calibration Check: 23 03/03/25 12:56 .098

Subject Name
Test 2

Subject I.D.
Test 2

Operator Name, I.D.
C. Schott 548

Location
2410 Goodale

Overland, Mo, 63114

AS IV Serial no: 030809
Version no: 532B

TEST RECORD 01940 s/
Temp Date Time 210L

Air Blank: 03/03/25 12:58 .000
Calibration Check: 24 03/03/25 12:58 .098

Subject Name
Test 3

Subject I.D.
Test 3

Operator Name, I.D.
C. Schott 548

Location
2410 Goodale

Overland, Mo, 63114

AS IV Serial no: 030809
Version no: 532B

TEST RECORD 01937 s/
Temp Date Time 210L

VOID: RFI
12 03/03/25 12:53

Subject Name
RFI

Subject I.D.
RFI

Operator Name, I.D.
C. Schott 548

Location
2410 Goodale

Overland, Mo 63114



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 analysts
 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



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.

DATE 6/21/2024

NUMBER 240142

EXPIRES 6/21/2026

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

INSTRUMENT OPERATOR CARD

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 SCHOTT, CHRIS
Permit No 240142
Date Issued 6/21/2024 **Date Expires** 6/21/2026

