

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

INTOX EC/IR II	MAINTENANCE	REPORT		REPORT #	
Complete this report at the time of	f the regular monthl	y preventive maint	enance check (not	to exceed 35	
days). Complete this report whenever	er the instrument is	s serviced or repa	ired and whenever	it is placed	
into service. Retain the original and send a copy within 15 days to the			DATE OF INSPECTION	ogram, DHSS.	
INTOX EC/IR II SN	NAME OF AGENCY	David	01/24/2025		
12708	Olivette Police	рерс.	TIME OF INSPECTION		
LOCATION OF INSTRUMENT (STREET AND CITY)		03:12 CST		
1140 Dielman Rd Olivette		-1 to 1 to -6		a within	
CHECKLIST: Place a mark in the box established limits. (Write in obse					
established limits. (write in obsemble before using instrument.	rved values where de	stermined). Ommari	Zed Itema mast be	301100000	
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 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 STAND	ARDS				
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE					
X STANDARD SUPPLIER INTOX	IMETERS	LOT# AG305902	EXP.	DATE 02/28/2025	
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	SN	SIM. NIST EXP	DATE	
X CALIBRATION CHECK - (ONLY ON	R STANDARD IS TO I	BE USED PER MAIN	TENANCE REPORT)		
				of the standard value	
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.					
X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE					
0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE					
0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE					
TEST 1 0.099 g/210L TEST 2 0.099				9 g/210L	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS 0 004 0	.0509 0	.1014 1	.1519 0	OVER .19 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALT SATISFACTORILY AND WITHIN ESTABLISHED L	ERATION OR MODIFICATION	N THAT WAS MADE TO R	ESTORE THE INSTRUMENT	TO OPERATE	
SATISFACTORIUI AND WITHIN ESTABLISHED 2	Initio (obd official sand				
January Maintenance					
INSPECTING OFFICER				经营用和 技术的进程。1915年	
SIGNATURE	PRINT FULL NAME MCBRIDE, DANIEL				
Tel . ////	ZS ATION DATE	TELEPHONE NUMBER	- 15.61		
	12/2026	(314)645-300	0		
RETURN COMPLETED REPORT T					
Breath Alcohol Program, Missouri Department of Health and Senior Services,					
by mail fax or e-mail					

MO 580-2899(5-19)



Airgas USA LLC (LAB) 3500 Bernard Street St Louis, Mo. 63103 Ph: (314) 633-3100 Fax: (314) 533-7328

Certificate of Analysis

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

Test Date: 28-Feb-2023

Lot # AG305902 Model 108

Exp Date 28-Feb-2025 Cyl. Type

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.

EB0010581 EB0010570

EB0010285 EB0010561 EB0010681

Concentration

391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm

52.22 ppm

Concentration

253.0 ppm

RGM Serial No.

EB0010603 EB0010559 EB0010562 EB0010579

Concentration

392.5 ppm 258.8 ppm 104.2 ppm 52.94 ppm

CRM Serial No.

CC727481 CC727496

Analytical Method: NDIR

800.0 ppm

CRM Serial No. CC727493

CC727498

Concentration

390.0 ppm 150.0 ppm

Digitally eigned by:Quality Control Reason:Dry gas standard certification of analysis Location:Airpas USA LLO (Lab) Date:09.01.2023 1728

Approved for Release:

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 ALGOHOL PROGRAM



PERMIT TYPE II

DANIEL McBRIDE

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

INTOX EC/IR II

for the determination of the alcoholic content of bid 577.020 through 577.041, RSMo and 306.111 through	ood from a sample of expited air. Permit issued under the provisions of second 306.119 RSMo.
	Mile Mason
DATE1/12/2024	
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240011	Davies J. Michaelson
EXPIRES 1/12/2026	DIRECTOR OF DEPARTMENT DE HEALTH AND DENIED OFFICE

MØ 580-0771 (6-10)



STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR S BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath sloohol instrument for the determination of the alcohollo content in breath form of expired all in Missouri.

Operator

MOBRIDE, DANIEL

Permit No 240011 Date Issued 1/12/2024

24 Date Expires 1/12/2026

