

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					
days). Complete this report wheneve					
into service. Retain the original a	nd send a copy with	in 15 days to the	Breath Alcohol Pro	ogram, DHSS.	
12709	ROCK HILL POLICE	r Drov	01/30/2025		
LOCATION OF INSTRUMENT (STREET AND CITY)		E DEET.	TIME OF INSPECTION		
827 N. ROCK HILL RD ROCK HILL		-	02:15 CST		
CHECKLIST: Place a mark in the box	by each item if for	ınd to be satisfact	1	ng within	
established limits. (Write in obser					
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		X CRC COMP CHEC	יעי		
X BT TEMP		X CRC CAL CHECK			
X STD 2 TEMP		X PRINT TEST	· · · · · · · · · · · · · · · · · · ·		
Company of the Compan		X PRIMT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	RDS				
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE	
	meters	LOT# AG401502	EXP.	DATE 01/15/2	3026
SIMULATOR TEMP $(34 ^{\circ}\text{C} \pm 0.2 ^{\circ}\text{C})$	SIM. S	SN	SIM. NIST EXP	DATE	
X CALIBRATION CHECK - (ONLY ONE Run three tests using a stand and must have a spread of .00 used. X 0.10% STANDARD - MUST READ 0.08% STANDARD - MUST READ 0.04% STANDARD - MUST READ	lard solution. Al 5 or less. Mark BETWEEN 0.095% AN BETWEEN 0.076% AN	the box correspond 0.105% INCLUSTED 0.084% INCLUSTED	ast be within ±5 onding to the sta IVE IVE	% of the stand andard solution	dard value on being
TEST 1 * 0.099 g/210L	TEST 2 5 0.099	g/210L	TEST 3 5 0.10	0 g/210L	
INDICATE THE NUMBER OF BREATH T					
INDICATE THE NUMBER OF BREATH I	PRIR IN THE FOUND	MING KANGES SINC	LE THE LAST MAIN	TENANCE REPOR	r:
REFUSALS 1 004 1	.0509 0	.1014 0	.1519 0	OVER .19	.0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE			STORE THE INSTRUMENT	TO OPERATE	
SATISFACTORILY AND WITHIN ESTABLISHED LI	MIIS (USE OTHER SIDE	IF NECESSARI).			
INSPECTING OFFICER					
SIGNATURE	11 200	PRINT FULL NAME			
- Sot sonally	eld 323	DUFFIELD, SON	JA		
230162 17PERMIT NUMBER 08/0	7/2025	(314) 645-3000)		
RETURN COMPLETED REPORT T	O THE:		•		
Breath Alcohol Program, Miss	ouri Department	of Health and	Senior Service	00	

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: 16-Jan-2024

Lot # AG401502 Model 108

Exp Date 15-Jan-2026 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.	Concentration
EB0010603	392.5 ppm
EB0010559	258.9 ppm
EB0010562	104.2 ppm
EB0010579	52.94 ppm

CRM Serial No.	
CC727481	
CC727496	

Concentration 799.4 ppm 253.4 ppm

CRM Serial No. CC727493 CC727498

Concentration 389.8 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Alrgas USA LLC (Lab) Date:01.19.2024 08:59

Approved for Release:

Yusef Woods

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