

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	the regular monthl	y preventive main	itenance check (not	to exceed 35		
days). Complete this report wheneve	r the instrument is	serviced or repa	ired and whenever	it is placed		
into service. Retain the original a	name of agency	iln 15 days to the	Breath Alcohol Pr			
12823	Pevely Police De	anartment	01/01/2025	1		
LOCATION OF INSTRUMENT (STREET AND CITY)	1	spar chieff	TIME OF INSPECTION	·		
401 Main Street Pevely, Missour			05:42 CST			
CHECKLIST: Place a mark in the box		and to be satisfac	•	ing within		
established limits. (Write in obser	ved values where de	etermined). Unmar	ked items must be	corrected		
before using instrument.				001100000		
X DIAGNOSTIC RECORD						
X BLANK CHECK		X CO2 CHECK				
X FC 1 TEMP						
X SRC TEMP X FCB CHECK						
X DET TEMP	,	X CRC COMP CHE	ירוע			
X BT TEMP						
X STD 2 TEMP			.K			
Brown P		X PRINT TEST				
X ETH CHECK						
BREATH ANALYZER ACCURACY STANDA	RDS					
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	JRE		
	meters	LOT# AG329102	EXP.	. DATE 10/18/20	25	
SIMULATOR TEMP $(34^{\circ}C \pm 0.2^{\circ}C)$	SIM. S	N .	SIM. NIST EXP	DATE		
<del></del>						
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO B	E USED PER MAIN	TENANCE REPORT			
			•	· · · · · · · · · · · · · · · · · · ·	7 7	
Run three tests using a standard must have a spread of .00	5 or less. Mark	the box correspond	onding to the st	* OI the standa	rd value	
used.				andara poracron	pering	
0.10% STANDARD - MUST READ	BETWEEN 0.095% AN	ID 0.105% INCLUS	IVE			
X 0.08% STANDARD - MUST READ	BETWEEN 0.076% AND	D 0.084% INCLUS	IVE			
0.04% STANDARD - MUST READ						
TEST 1 5 0.080 g/210L	TEST 2 🖙 0.080		TEST 3 🖙 0.08	_		
INDICATE THE NUMBER OF BREATH TI	ESTS IN THE FOLLO	WING RANGES SING	CE THE LAST MAIN	TENANCE REPORT:	<del>*************************************</del>	
· · · · · · · · · · · · · · · · · · ·						
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 0	OVER .19	0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTER SATISFACTORILY AND WITHIN ESTABLISHED LIN	RATION OR MODIFICATION	THAT WAS MADE TO RE	STORE THE INSTRUMENT	TO OPERATE		
SWIISTWCIOKIDI WAD MITHIN BOIMBHISHED DIE	AITS (USE OTHER SIDE II	F NECESSARY).				
			•			
INSPECTING OFFICER						
SIGNATURE	~	PRINT FULL NAME				
- Chup.	181	WHITFORD, JES	SE			
	D/2026	TELEPHONE NUMBER	1			
		(636)475-5301	l			
RETURN COMPLETED REPORT TO	) THE:					
Breath Alcohol Program, Misso	ouri Department	of Health and	Senior Service	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**

Customer Name

Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 18-Oct-2023

**Lot #** AG329102 **Model** 108

Exp Date 18-Oct-2025 Cyl. Type 108 **Component** Ethanol Certified Concentration 0.080 ± 0.002 BrAC (218 ppm)

Nitrogen

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
CC727481 800.0 ppm
CC727496 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:Airgas USA LLC (Lab) Date:10.19.2023 17:42

Approved for Release:

Yusef Woods

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

## JESSE WHITFORD

and operate the following breath analyzer(s):  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.						
DATE8/30/2024	Mike Masson					
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY					
NUMBER <b>240201</b>						
EXPIRES 8/30/2026	Davla I. Nichelson					
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  LAB-4 (R6-10)					