

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 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 a		in 15 days to the		ogram, DHSS.	
INTOX EC/IR II SN 12832	NAME OF AGENCY	Deli	DATE OF INSPECTION		
LOCATION OF INSTRUMENT (STREET AND CITY)	North Kansas Cit	y Police	03/03/2025		
2020 HOWELL North Kansas City,			TIME OF INSPECTION		
		13:13 CST			
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.					
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			
X BT TEMP	X CRC CAL CHECK				
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	RDS				
SIMULATOR SOLUTION		X COMPRESSED ET	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER INTOXI	METERS	LOT# ag317204	EXP.	DATE 06/21/2025	
SIMULATOR TEMP (34°C +0.2°C)	SIM. S	N	SIM. NIST EXP I	DATE	
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 0.101 g/210L TEST 2 0.101 g/210L TEST 3 0.101 g/210L TEST 3 0.101 g/210L INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS 0 004 10 .0509 0 .1014 0 .1519 0 OVER .19 2 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).					
packages over the second of th	TION DATE 9/2026	PRINT FULL NAME FICKEN, G. TELEPHONE NUMBER			
10/2	7/2020	(816)274-6010			
RETURN COMPLETED REPORT TO THE:					
Breath Alcohol Program, Missouri Department of Health and Senior Services,					
	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: 21-Jun-2023

Lot # AG317204 Model 108

Exp Date

Cyl. Type

Component Ethanol

Certified Concentration

21-Jun-2025

108

Nitrogen

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

Concentration 800.0 ppm 253.0 ppm

CRM Serial No. CC727493

CC727498

Concentration 390.0 ppm

150.0 ppm

Analytical Method: NDIR

CC727496

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:06.22.2023 15:56

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 ALCOHOL PROGRAM



PERMIT TYPE II

G. BILL FICKEN

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

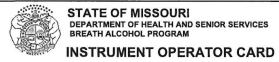
INTOX EC/IR II

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.

	, , ,	adam Muci
DATE	10/29/2024	Cham / Ful
		DIRECTOR Of STATE PUBLIC HEALTH LABORATORY
NUMBER	240225	
EXPIRES	10/29/2026	Davla I. Nichelson
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 in Missouri.

Operator FICKEN, G. Permit No 240225 Date Issued 10/29/2024

Date Expires 10/29/2026

