

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 o	f the regular month	ly preventive mai	ntenance check (not	to exceed 35	
days). Complete this report whenev		_			
	into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.				
INTOX EC/IR II SN	NAME OF AGENCY	D	DATE OF INSPECTION	1	
12833 LOCATION OF INSTRUMENT (STREET AND CITY	Kearney Police	Departmen	02/26/2025	T	
			05:09 CST	•	
725 W. MO 92 Hwy Kearney, MO 6. CHECKLIST: Place a mark in the box		und to be gotiafo		ng within	
established limits. (Write in obse					
before using instrument.	rved values where do	eccimination. On the	inca icems mase se	COTTCCCCC	
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP		X FLOW CHECK			,
X SRC TEMP		X FCB CHECK			
		X CRC COMP CH	TOV		
X DET TEMP					
X BT TEMP		X CRC CAL CHE	CK		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STAND	ARDS				
SIMULATOR SOLUTION		X COMPRESSED	ETHANOL-GAS MIXTU	JRE	
X STANDARD SUPPLIER INTOX		LOT# AG407801	EXP.	DATE 03/18/2	026
SIMULATOR TEMP (34°C +0.2°C)	SIM.	SN	SIM. NIST EXP	DATE	
_					
X CALIBRATION CHECK - (ONLY ON	E STANDARD IS TO I	RE HISED DER MAT	NTENANCE REPORT)		
1 Section 1				% of the atond	lawd rralus
Run three tests using a stand and must have a spread of .0					
used.	os or ress. Hark	the box corres	policing to the be	Januara Soracro	Doing
X 0.10% STANDARD - MUST READ	BETWEEN 0.095% AI	ND 0.105% INCLU	SIVE		
0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ					
TEST 1 0.100 g/210L	TEST 2 🐄 0.100	g/210L	TEST 3 : 0.10	00 g/210L	
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLLO	OWING RANGES SI	NCE THE LAST MAIN	ITENANCE REPORT	:
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALT	ERATION OR MODIFICATION	N THAT WAS MADE TO	RESTORE THE INSTRUMENT	T TO OPERATE	
SATISFACTORILY AND WITHIN ESTABLISHED L	IMITS (USE OTHER SIDE	IF NECESSARY).			
INSPECTING OFFICER					
STGMATAUE		PRINT FULL NAME			
► Illevil Her #981		HAGER/DERIC	C/E		
	ATION DATE	TELEPHONE NUMBER	0.5		
240098 05/0	7/2026	(816)628-39	25		
RETURN COMPLETED REPORT T	O THE:				
		of Health ar	d Senior Servic	es,	
Breath Alcohol Program, Missouri Department of Health and Senior Services,					



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: 19-Mar-2024

Lot # AG407801 Model 108

Exp Date 18-Mar-2026 Cyl. Type 108

Component

Certified Concentration

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 799.4 ppm	799.4 ppm	CC727493	389.8 ppm
CC727496	253.4 ppm	CC727498	150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:03.22.2024 07:50

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

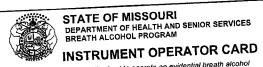
DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



PERMIT TYPE II

DERICK E. HAGER

DERICK E. HAGEN				
is hereby authorized to instruct and supervise operators, train instant operate the following breath analyzer(s):	C/IR II			
for the determination of the alcoholic content of blood from a samp 577.020 through 577.041, RSMo and 306.111 through 306.119 R	ole of expired air. Permit issued under the provisions of sections is SMo. Mile Massure			
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 240098	Davla I. Nichelson			
EXPIRES 5/7/2026 MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES 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 HAGER, DERICK Permit No 240098 Date Expires 5/7/2026 Date Issued 5/7/2024

