RECEIVED

By Tracy Crews at 1:37 pm, Jan 24, 2025



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL P	ROGRAM MAINTENANCE REP	ORT			REPORT #3
Complete this report at the time of	the regular monthly pre	eventive mainte	enance check (not	to exceed 35	
days) Complete this report wheneve	r the instrument is serv	viced or repair	red and whenever :	it is placed	
into service. Retain the original a	nd send a copy within 15	days to the H	Breath Alcohol Pro	ogram, DHSS.	
INTOX EC/IR II SN	NAME OF AGENCY	77.5	DATE OF INSPECTION		
12849	Willard Police Dept.		01/22/2025		
LOCATION OF INSTRUMENT (STREET AND CITY)	6 .		TIME OF INSPECTION		
795 Hughes Rd Willard			13:28 CST		
CHECKLIST: Place a mark in the box	by each item if found to	be satisfacto	ory or is operati	ng within	
established limits. (Write in obser	ved values where determ:	ined). Unmark	ed items must be	corrected	2
before using instrument.					
X DIAGNOSTIC RECORD	8 i				
X BLANK CHECK	X	CO2 CHECK			
X FC 1 TEMP		FLOW CHECK			
X SRC TEMP		FCB CHECK			
X DET TEMP		CRC COMP CHEC	K		
X BT TEMP		CRC CAL CHECK			
X STD 2 TEMP		PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	RDS				
SIMULATOR SOLUTION		COMPRESSED ET	HANOL-GAS MIXTU	IRE	
	IMETERS LOT			DATE 03/16/2	2026
SIMULATOR TEMP (34°C +0.2°C)	SIM. SN		SIM. NIST EXP	DATE	
Dinomina im (ar a gair a)	9000000 9000000		N. S.		
X CALIBRATION CHECK - (ONLY ONE	CTANDARD TO TO BE III	EED DER MATNT	ENANCE REPORT)		
X CALIBRATION CHECK - (ONLY ON	STANDARD IS TO BE OF	SED FER MAINI	HIMMOD RELOWE,		333
Run three tests using a stand	dard solution. All th	nree tests mu	ist be within +5	% of the stand	nard value
and must have a spread of .00)5 or less. Mark the	box correspo	onding to the st	andard sorder	M being
	BETWEEN 0 095% AND 0	105% INCLUSI	VE		
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					
0.08% STANDARD - MUST READ					
0.04% STANDARD - MUSI READ	BEIWEEN 0.036% AND 0	.042 0 INCLODE			
TEST 1 0.098 g/210L	TEST 2 0.099 q/2	10L	TEST 3 0.09	99 g/210L	
INDICATE THE NUMBER OF BREATH	DECRE IN THE FOLLOWING	2 PANCES SINC	THE LAST MAIN	TENANCE REPOR	T:
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLLOWING	J RANGES SINC	E IIII DADI MILI	- 	
REFUSALS 0 004 0	.05 .02	014 0	.1519 0	OVER .19	1
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).					

INSPECTING OFFICER		
SIGNATURE LOUGH Z. MA	inth	FRINT FULL NAME KILLINGSWORTH/RONALD
TYPE II PERMIT NUMBER 240171	08/16/202	TELEPHONE NUMBER (417) 742-3077

RETURN COMPLETED REPORT TO THE:

Breath Alcohol Program, Missouri Department of Health and Senior Services,

by mail, fax, or e-mail

Airgas.

Airgas USA LLC (LAB) 3508 Bemard Street St. Louis, Mo. 63103 Phr. (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-Mar-2024

Concentration

392.5 ppm

258,9 ppm

104.2 ppm

52.94 ppm

1 -4 #	AG407603	Model	108
DT#	MITHUI DUD	MINAME	

Exp Date 16-Mar-2026 Cyl. Type 108 Component Ethanol

Nitrogen

Certified Concentration 0.100 ± 2% BrAC (272 ppm)

RGM Serial No.

EB0010603

EB0010559

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

Concentration

799.4 ppm

253.4 ppm

RGM Serial No. Concentration
EB0010581 391.8 ppm
EB0010570 259.8 ppm
EB0010285 209.0 ppm
EB0010561 103.7 ppm
EB0010681 52,22 ppm

EB0010562 EB0010579

CRM Serial No. Concentration CC727493 388.8 ppm CC727498 150.2 ppm

Analytical Method: NDIR

CRM Serial No.

CC727481

CC727496

Decoly sence by Dusty Conie: Renter Dr. Get standard conficular of endying Leading May 25 LLC (Lab)

Approved for Release:

Yusel Woods

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

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STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



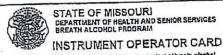
PERMIT TYPE II

RONALD L. KILLINGSWORTH

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

ALCO-SENSOR IV WITH PRINTER, 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. MA A

	/ like / lason
DATE 8/16/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240171	Daves J. Nichelson
EXPIRES 8/16/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
MD 583-0771 (6-10)	



The abmed carcholder is authorized to operate an evidencial breath atothol institution of the dischold content in breath form of expension of the alsohold content in breath form of expensions.

KILLINGSWORTH, RONALD Operator

Pormit No 240171 Date Issued 8/16/2024 Date Expires 8/16/2026

