

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

	OX EC/IR II						PORT #3
					tenance check (not		
					ired and whenever		
	in the original a			15 days to the	Breath Alcohol Pr	ogram, DHSS.	
INTOX EC/IR II SN		NAME OF AGENC			DATE OF INSPECTION		
12850		Aurora Pol	ice Depa	rtment	01/02/2025		
LOCATION OF INSTRUMEN	NT (STREET AND CITY	}			TIME OF INSPECTION		****
106 S. Elliott A	urora				07:14 CST		
CHECKLIST: Place a	mark in the box	by each item	if found	to be satisfac	tory or is operati	ng within	
established limits	. (Write in obse	rved values wh	ere dete	rmined). Unmar	ked items must be	corrected	
before using instr							
X DIAGNOSTIC REC	ORD						
X BLANK CHECK			7	CO2 CHECK			
X FC 1 TEMP			2	FLOW CHECK		<del></del>	***
X SRC TEMP				X FCB CHECK			
X DET TEMP				CRC COMP CHE	CK		
X BT TEMP			l	CRC CAL CHEC			
X STD 2 TEMP				PRINT TEST			
				JEKINI IESI			
X ETH CHECK							
BREATH ANALYZER		ARDS					
SIMULATOR SC			2	COMPRESSED E	THANOL-GAS MIXTU	RE	
X STANDARD SUPPL	IER Intox	imeters	LC	T# AG316601	EXP.	DATE 06/15/2025	
SIMULATOR TEMP	$(34^{\circ}C \pm 0.2^{\circ}C)$		SIM. SN		SIM. NIST EXP	DATE	
<del>-</del>							
and must have used.  X 0.10% STANDA 0.08% STANDA	s using a stand	dard solution 05 or less. BETWEEN 0.09 BETWEEN 0.07	n. All Mark th 95% AND 76% AND	three tests m e box corresp 0.105% INCLUS 0.084% INCLUS	ust be within ±5 onding to the st  IVE IVE	% of the standard vai	
TEST 1 \$\infty\$ 0.102 g/210L TEST 2 \$\infty\$ 0.		0.102 g/	2 g/210L TEST 3 5 0.102 g/210L		2 g/210L		
INDICATE THE NUM	BER OF BREATH	ESTS IN THE	FOLLOWI	NG RANGES SIN	CE THE LAST MAIN	TENANCE REPORT:	
REFUSALS 0	0 04 0	I 05 00	0 1	10 14 4	1 15 10 0	OVER 10 0	
LIST ANY NEW PARTS AN	004 0	.0509		1014 1	.1519 0	OVER .19 0	
SATISFACTORILY AND W		ERATION OR MODIF		HAT WAS MADE TO R	ESTORE THE INSTRUMENT	TO OPERATE	
INSPECTING OFFIC	ER						
SIGNATURE	# 232			RINT FULL NAME			
TYPE II PERMIT NUMBER	<del></del>	TION DATE		ELEPHONE NUMBER			
240192		9/2026		(417)678-502	5		
RETURN COMPLE	TED REPORT T	O THE:	I				
Breath Alcohol Program, Missouri Department of Health and Senior Services,							
by mail, fax, or e-mail							
νη παττ, ταχ, (	or = marr						



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: 15-Jun-2023

Lot # AG316601 Model 108

Exp Date

Cyl. Type

Component

**Certified Concentration** 

15-Jun-2025

108

Ethanol Nitrogen

 $0.100 \pm 2\%$  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	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Afgas USA LLC (Lab) Date:06.15.2023 17:36

Approved for Release:

Rod Marsala

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