

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

	•	MAINTENANCE				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						
	nto service. Retain the original and send a copy within 15 of					
INTOX EC/IR II SN 12850			anantmont	DATE OF INSPECTION 03/03/2025		
LOCATION OF INSTRUMEN	m (Cuber and Cima)	Aurora Police De	spar chieffe	TIME OF INSPECTION		
106 S. Elliott A				08:46 CST		
		by each item if for	ınd to be satisfact		ng within	
		eved values where de				
before using instru						
X DIAGNOSTIC REC	ORD			,		
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 CHECK						
X BT TEMP X CRC CAL CHECK						
X STD 2 TEMP X PRINT TEST						
			X PRINT TEST			
X ETH CHECK						
BREATH ANALYZER		ARDS				
SIMULATOR SO			X COMPRESSED E	THANOL-GAS MIXTU		
X STANDARD SUPPL	IER Intox:	imeters	LOT# AG316601	EXP.	DATE 06/15/	2025
SIMULATOR TEMP	(34°C <u>+</u> 0.2°C)	SIM. S	SN	SIM. NIST EXP	DATE	
and must have used. X 0.10% STANDA 0.08% STANDA	s using a stand a spread of .00 RD - MUST READ RD - MUST READ	dard solution. Al 05 or less. Mark BETWEEN 0.095% AN BETWEEN 0.076% AN BETWEEN 0.038% AN	the box correspond 0.105% INCLUSIOND 0.084% INCLUSION	ust be within <u>+</u> 5 onding to the st IVE IVE		
TEST 1 5 0.102 g/210L TEST 2 5 0.103			g/210L	TEST 3 🖙 0.10	02 g/210L	
	-	I TESTS IN THE FOLLO				ጥ•
INDICALE THE NOW.	DER OF DREATH I	MICH MIL NI CICH	MING CARDIAN DIIN	SE THE DAST MAIN	TENANCE REFOR	
REFUSALS 1	004 0	.0509 0	.1014 0	.1519 0	OVER .19	2
LIST ANY NEW PARTS AN	D DESCRIBE ANY ALT	RATION OR MODIFICATION	N THAT WAS MADE TO RE	STORE THE INSTRUMENT	T TO OPERATE	
SATISFACTORILY AND WI	THIN ESTABLISHED L	IMITS (USE OTHER SIDE	IF NECESSARY).			
INSPECTING OFFIC	ER					
SIGNATURE #83 &			PRINT FULL NAME			
- Taken Magle			TATUM MAPLES			
TYPE II PERMIT NUMBER		O (2026	TELEPHONE NUMBER			
240192	J ^{U8/2}	9/2026	(417)678-5025	D		
RETURN COMPLE	TED REPORT T	O THE:				
		souri 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: 15-Jun-2023

Lot # AG316601 **Model** 108

Exp Date

Cyl. Type

Component

Certified Concentration

15-Jun-2025

108

Ethanol Nitrogen 0.100 ± 2% BrAC (272 ppm)

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

Concentration RGM Serial No. EB0010581 391.8 ppm EB0010570 259.8 ppm 209.0 ppm EB0010285 EB0010561 103.7 ppm EB0010681 52.22 ppm

Concentration RGM Serial No. EB0010603 EB0010559 EB0010562 EB0010579

392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

CRM Serial No. CC727481

Concentration

CRM Serial No.

Concentration

CC727496

800.0 ppm 253.0 ppm CC727493 CC727498 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:06.15.2023 17:36

Approved for Release:

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