

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

	R II 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 into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.					
INTO SERVICE. RELAIN THE OTIS		NAME OF AGENCY		DATE OF INSPECTION	
12854	ST JOHN PD	ST JOHN PD		03/03/2025	
LOCATION OF INSTRUMENT (STREET AN	D CITY)		TIME OF INSPECTION		
8944 ST. CHARLES ROCK RD ST. JOHN			01:52 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		CON CUECU			
		X CO2 CHECK			
Land Sense		X FLOW CHECK			
X SRC TEMP					
X DET TEMP X CRC COMP CHECK					
X BT TEMP X CRC CAL CHECK			K		
X STD 2 TEMP X PRINT TEST					
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDARDS					
SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE					
X STANDARD SUPPLIER INTOXIMETERS		LOT# AG329101	EXP. DATE 10/18/2025		
SIMULATOR TEMP (34°C ±0.	2°C) SIM.	SN	SIM. NIST EXP	DATE	
					
X CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)					
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.					
0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE					
X 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 0.080 g/210L TEST 2 0.080		g/210L TEST 3 - 0.080 g/210L		0 g/210L	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPOR					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOULDWING RANGES SINCE THE BAST MAINTENANCE ADJUST.					
REFUSALS 1 004	0 .0509 0	.1014 1	.1519 0	OVER .19 0	
LIST ANY NEW PARTS AND DESCRIBE A			STORE THE INSTRUMENT	TO OPERATE	
SATISFACTORILY AND WITHIN ESTABLI	SHED LIMITS (USE OTHER SIDE	IF NECESSARY).			
NOT SENT FOR REPAIRS					
NOI SENI FOR REPAIRS					
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME TALBOTT, TINA			
TYPE II HERMIT NUMBER	JEXPIRATION DATE	TELEPHONE NUMBER	<u> </u>		
240086	04/02/2026	(314)427-870	0		
DIMININI GOVERNMEN PARO	DT TO TUE.				
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: 18-Oct-2023

Lot # AG329101 Model 108

Exp Date 18-Oct-2025 Cyl. Type 108

Component

Certified Concentration 0.080 ± 0.002 BrAC (208 ppm)

Ethanol

Nitrogen

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

392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

CRM Serial No. CC727481 CC727496

Concentration mqq 0.008 253.0 ppm

CRM Serial No. CC727493 CC727498

EB0010559

EB0010562

EB0010579

Concentration 390.0 ppm 150.0 ppm

Concentration

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:10.19.2023 17:39

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



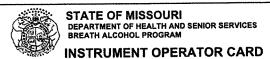
PERMIT TYPE II

TINA TALBOTT

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. Mike Massin DATE 4/2/2024 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 240086 Daves I. Nichelson EXPIRES 4/2/2026

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 ai

Operator TALBOTT, TINA

Date Expires 4/2/2026 Date Issued 4/2/2024

