

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

INTOX EC/IR II					REPORT #3
Complete this report at the time of					
days). Complete this report whenever					
into service. Retain the original a		in 15 days to the			· · · · · · · · · · · · · · · · · · ·
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION		
12854	ST JOHN PD		03/11/2025		
LOCATION OF INSTRUMENT (STREET AND CITY			TIME OF INSPECTION		
8944 ST. CHARLES ROCK RD ST. JO			05:07 CDT		
CHECKLIST: Place a mark in the box					
established limits. (Write in obser	rved values where de	termined). Unmark	ed items must be	corrected	
before using instrument.  X DIAGNOSTIC RECORD					
		THE COLUMN			
X BLANK CHECK		X CO2 CHECK			<u></u>
X FC 1 TEMP		X FLOW CHECK			
X SRC TEMP		X FCB CHECK			
X DET TEMP		X CRC COMP CHEC	CK		A
X BT TEMP		X CRC CAL CHECK	ζ		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					***************************************
BREATH ANALYZER ACCURACY STANDA	ARDS				
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE	
	IMETERS	LOT# AG329101		DATE 10/18/2	2025
l l l l l l l l l l l l l l l l l l l	ISIM. S		SIM. NIST EXP		, , , , , , , , , , , , , , , , , , , ,
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	DIA	SIM. NISI EAF	DAIE	
X CALIBRATION CHECK - (ONLY ON	E STANDARD IS TO E	BE USED PER MAIN	TENANCE REPORT)		
Run three tests using a stand	dard solution. Al	.l three tests mu	st be within ±5	% of the stand	dard value
and must have a spread of .00	)5 or less. Mark	the box correspo	onding to the st	andard solution	on being
used.					
0.10% STANDARD - MUST READ					
X 0.08% STANDARD - MUST READ	BETWEEN 0.076% AN	ID 0.084% INCLUSI	IVE		
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	ID 0.042% INCLUS	IVE		
	I magain o see o coo	- /0107	mram 2 2 0 00	0 ~/2101	
TEST 1 0.080 g/210L	TEST 2 0.080	_	TEST 3 🐃 0.08		
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLLO	WING RANGES SINC	CE THE LAST MAIN	TENANCE REPORT	Ĉ:
DEDUCATO O O	.0509 0	.1014 0	.1519 0	OVER .19	0
REFUSALS 0 004 0		-			
LIST ANY NEW PARTS AND DESCRIBE ANY ALT: SATISFACTORILY AND WITHIN ESTABLISHED L:			SIORE INE INSTRUMENT	. TO OPERATE	
NORMANDY DID MAINT TO UP NOT SE	ENT FOR ANY REPAIR	as .			
INSPECTING OFFICER					
SLENATURE	MI	PRINT FULL NAME TALBOTT, TINA			
TYPE II PERMIT NUMBER   EXPIR	XTION DATE	TELEPHONE NUMBER			
	2/2026	(314)427-8700	)		
RETURN COMPLETED REPORT T					
Breath Alcohol Program, Miss	souri Department	of Health and	Senior Servic	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: 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.	Concentration
EB0010603	392.5 ppm
EB0010559	258.9 ppm
EB0010562	104.2 ppm
EB0010579	52.94 ppm

CRM Serial No.	
CC727481	
CC727496	

Concentration 800.0 ppm 253.0 ppm

CRM Serial No. CC727493 CC727498

Concentration 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: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

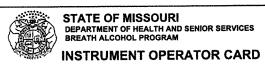
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s): INTOX EC/IR II for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo. Mile Massin 4/2/2024 DATE \_ DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 240086 Daves I. nichelson

MO 580-0771 (6-10)

EXPIRES 4/2/2026\_

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 TALBOTT, TINA

Permit No 240086

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

