

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

INTOX E	C/IR II MAINTEI	NANCE REPORT		REPORT #3	
Complete this report at	the time of the regul	ar monthly preventive	maintenance check (not to	exceed 35	
days). Complete this rep	ort whenever the inst	rument is serviced or	repaired and whenever it i	s placed	
into service. Retain the			o the Breath Alcohol Progra	n, DHSS.	
INTOX EC/IR II SN	NAME OF AG	ENCY	DATE OF INSPECTION		
12858	MSC		01/15/2025		
LOCATION OF INSTRUMENT (STR	EET AND CITY)	,	TIME OF INSPECTION		
1200 S. Holden St War	- :		12:19 CST		
			isfactory or is operating w		
		where determined).	Unmarked items must be corr	ected .	
before using instrument.					
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHEC			
X FC 1 TEMP	X FC 1 TEMP		X FLOW CHECK		
X SRC TEMP		X FCB CHEC	X FCB CHECK		
X DET TEMP		X CRC COME	X CRC COMP CHECK		
X BT TEMP			X CRC CAL CHECK		
			X PRINT TEST		
X STD 2 TEMP		TT ELTINI II	2 No. 2		
X ETH CHECK					
BREATH ANALYZER ACCUR					
SIMULATOR SOLUTIO	N	X COMPRESS	X COMPRESSED ETHANOL-GAS MIXTURE		
X STANDARD SUPPLIER	Intoximeters	LOT# AG312	2201 EXP. DA	EXP. DATE 05/02/2025	
SIMULATOR TEMP (34°	C +0.2°C)	SIM. SN	SIM. NIST EXP DATE	2	
·······					
X CALIBRATION CHECK -	(ONLY ONE STANDART	TS TO BE USED PER	MAINTENANCE REPORT)		
				* (1	
Run three tests usi	ng a standard solut	ion. All three tes	sts must be within +5% of	the standard value	
and must have a sprused.	ead of .005 of less	. Mark the box cor	responding to the standa	itu sorucion being	
X 0.10% STANDARD -	MITTER DESIGNATION (CLICTUE		
	MUST READ BETWEEN O				
<u></u>	MUST READ BETWEEN C				
0.04% STANDARD -	MOSI KEAD BEIMEEN O	TE FERT, U CIM FOCU.	(CBODI VE		
TEST 1 0.100 g/210	T. TEST 2 :	· 0.100 g/210L	TEST 3 : 0.099 g	TEST 3 : 0.099 g/210L	
		-			
INDICATE THE NUMBER O	F BREATH TESTS IN T	HE FOLLOWING RANGES	SINCE THE LAST MAINTENA	INCE REPORT:	
		1 10 14	0 15 10 0 0	/ER .19 1	
REFUSALS 0 0(· I	1 .1014		/ER .19 1	
LIST ANY NEW PARTS AND DESC SATISFACTORILY AND WITHIN E	RIBE ANY ALTERATION OR MO STABLISHED LIMITS (USE O	ODIFICATION THAT WAS MADE THER SIDE IF NECESSARY).	TO RESTORE THE INSTRUMENT TO	PERATE	
SHIDERCIONIES PAR WITHIN E		,			
INSPECTING OFFICER					
SIGNATURE		E	PRINT FULL NAME		
- Company of the Comp	ryan schildknecht				
TYPE IT PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NU			
2 30225	10/19/2025	(660)543	3-4573		
RETURN COMPLETED	ישיי חיי ייקריקק				
		entment of Health	and Senior Services		
		artment of nealth	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: 3-May-2023

Lot # AG312201 Model 108

Exp Date 2-May-2025 Cyl. Type

Component

Certified Concentration

108

Ethanol

0.100 ± 2% BrAC (272 ppm)

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

Concentration 800.0 ppm 253.0 ppm

CRM Serial No. CC727493 CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

CC727496

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Data:05.04.2023 12:22

Approved for Release:

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

RYAN SCHILDKNECHT

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

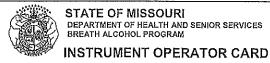
INTOX DMT, INTOXILYZER 8000, INTOX EC/IR II, ASIV W/PRINTER

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.

DATE	10/19/2023	Laura a Nag		
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER	230225			
EXPIRES	10/19/2025	, acting director		
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

MO 580-0771 (6-10)

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 SCI Permit No 230

SCHILDKNECHT, RYAN 230225

Date Issued 10/19/2023

Date Expires 10/19/2025