

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

#### THTOY EC/TR IT MAINTENANCE REPORT

	MAINIENANCE REPO			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.					
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION		
12860	HANNIBAL POLICE DEPA	ARTME	03/26/2025		
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION		
777 BROADWAY Hannibal			16:06 CDT		
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					
X BLANK CHECK	TV C	CO2 CHECK			
X FC 1 TEMP X FLOW CHECK					
X SRC TEMP	XF	CB CHECK			
X DET TEMP	XC	CRC COMP CHEC	K		
X BT TEMP		CRC CAL CHECK			
X STD 2 TEMP		PRINT TEST			
		RIMI IDDI			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	RDS				
SIMULATOR SOLUTION	ΧC	COMPRESSED ET	HANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER INTOX	METERS, INC. LOT#	AG313002	EXP.	DATE 05/10/2025	
SIMULATOR TEMP (34°C +0.2°C)	ISIM. SN		SIM. NIST EXP I		
			DIM. MIDI DAL	DATE	
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO BE US	ED PER MAINT	ENANCE REPORT)		
Run three tests using a stand	ard solution. All th	ree tests mu	st be within +59	% of the standard value	
and must have a spread of .00					
used.					
X 0.10% STANDARD - MUST READ	BETWEEN 0.095% AND 0.	105% TNCLUSI	VE.		
0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE					
0.00% STANDARD - MOST READ BETWEEN 0.076% AND 0.084% INCLUSIVE					
	DEIMEEN 0.0300 1110 3.	U42 0 INCLIONA	VE		
TEST 1 3 0.100 g/210L	TEST 2 5 0.100 q/21	OT.	mπcm 2 13° 0.100	0 ~/2101.	
	3	3,			
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLOWING	RANGES SINCE	E THE LAST MAINT	TENANCE REPORT:	
REFUSALS 0 004 15	.0509 0 .10	014 0	.1519 2	OVER .19 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE			TORE THE INSTRUMENT	TO OPERATE	
SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).					
AND THE PROPERTY OF THE PROPER					
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME			
Dorc. \$ 1 #31		CHARY PFEIFF	ER		
	5.00kg [55:5]	PHONE NUMBER			
250036	3/2027 (57	73 ) 221-0987			
RETURN COMPLETED REPORT TO THE:					
8 8					
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

Test Date: 11-May-2023

**Customer Name** Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Lot # AG313002 Model 108

Exp Date, 10-May-2025 Cyl. Type 108

Component Ethanol Nitrogen

Certified Concentration 0.100 ± 2% BrAC (272 ppm)

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

Concentration. ROM Serial No. EB0010681 391,8 ppm 259.8 ppm EB0010570 209.0 ppm EB0010285 EB0010661 103,7 ppm EB0010681 52.22 ppm

RGM Serial No. Concentration EB0010603 392.5 ppm EB0010559 258,9 ppm 104.2 ppm EB0010562 52.94 ppm EB0010579

CRM Serial No. CC727401

CC727496

**Concentration** mag 0.008 253.0 ppm

CRM Serial No. CC727493

CC727498

Concentration 390.0 ppm 150,0 ppm

Analytical Method: NDIR

Approved for Release:

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17.034:2016 A2LA accredited. Certificate Number 3082.07



### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

## **ZACHARY PFEIFFER**

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

	termination of the alcoholic content of blood from a strongh 577.041, RSMo and 306.111 through 306.1	sample of expired air. Permit issued under the provisions of section 19 RSMo.
DATE	3/13/2025	DIRECTOR 6: STATE PUBLIC HEALTH LABORATORY
NUMBER	250036	0
EXPIRES	3/13/2027	Sarah Willson

MO 580-0771 (6-10)

LAB-4 (R6-10)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired al in Missouri.

Operator PFEIFFER, ZACHARY

Permit No 250036

Date Issued 3/13/2025 Date Expires 3/13/2027

