

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

INTOX	EC/IR II	MAINTENANCE	E REPO	RT			REPORT #3
Complete this report a	t the time of	the regular mont	thly prev	rentive maint	enance check (not	to exceed 35	
days). Complete this r	eport wheneve	r the instrument	is servi	iced or repair	red and whenever i	oaram DHGG	
into service. Retain t	he original a	nd send a copy wi	ithin 15	days to the i	DATE OF INSPECTION	ogram, Dibb.	
12945		ST JOSEPH PD		- 1	01/02/2025		
LOCATION OF INSTRUMENT (S	TREET AND CITY)	01 0000111 12			TIME OF INSPECTION		
501 Faraon Street St					10:55 CST		
CHECKLIST: Place a mar		by each item if :	found to	be satisfact	ory or is operation	ng within	
established limits. (W	rite in obser	ved values where	determin	ned). Unmark	ed items must be o	corrected	
before using instrumen							
DIAGNOSTIC RECORD							
X BLANK CHECK			X CC	2 CHECK			
X FC 1 TEMP			X FI	X FLOW CHECK			
X SRC TEMP			X FO	CB CHECK			
X DET TEMP			X CF	RC COMP CHEC	K		
X BT TEMP				M CRC CAL CHECK			
STD 2 TEMP			X PF	RINT TEST			
X ETH CHECK							
BREATH ANALYZER ACCU	JRACY STANDA	RDS					
SIMULATOR SOLUT			X CC	MPRESSED ET	HANOL-GAS MIXTU	RE	
STANDARD SUPPLIER		meters		AG304601		DATE 02/15/20	25
SIMULATOR TEMP (34	4°C +0.2°C)	SIM	. SN		SIM. NIST EXP	DATE	
		1					
X CALIBRATION CHECK	ONLY ONE	CTANDADD TO TO	אר ווכד	D PER MATNT	ENANCE REPORT)		
						% of the stands	ard value
Run three tests us and must have a sp	sing a stand oread of 100	ard solution. 5 or less Mai	ALL THE rk the h	ree tests mu oox correspo	nding to the st	andard solution	being
used.	predu or .00	J 01 1000. 1101		- 12021			,
0.10% STANDARD	- MUST READ	BETWEEN 0.095%	AND 0.1	05% INCLUSI	VE		
0.08% STANDARD							
0.04% STANDARD							
						0 /04.05	
TEST 1 🐷 0.100 g/21		TEST 2 ☞ 0.1			TEST 3 F 0.100 g/210L		
INDICATE THE NUMBER	OF BREATH T	ESTS IN THE FO	LLOWING	RANGES SINC	E THE LAST MAIN	TENANCE REPORT:	
		05 00 4	1.0	1.4 0	-1519 2	OVER .19	0
	.04 7	.0509 1	Company of the Compan	14 0	Sometime - Anne - Property and	Lanca Control Control	
SATISFACTORILY AND WITHIN	ESTABLISHED LI	MITS (USE OTHER SI	DE IF NECE	SSARY).	Strips but successions	10 0110012	
MONTHLY TEST							
INSPECTING OFFICER		Secretary of the	1200		V - N - S - S	E RILLIN E	A 75 TO 10
INSPECTING OFFICER			17018	PULL NAME			
> lando				FOSTER, JOHN			
TYPE IT PRIMIT NUMBER		TION DATE		PHONE NUMBER			
230163	08/0	7/2025	(81	6) 596-8206			
RETURN COMPLETED	REPORT T	O THE:					
Breath Alcohol Pro			ent of :	Health and	Senior Servic	es,	
by mail, fax, or		-					



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-Feb-2023

Lot # AG304601 Model 108

Exp Date 15-Feb-2025 Cyl. Type 108 **Component** Ethanol Certified Concentration

 $0.100 \pm 2\%$ BrAC (272 ppm)

Nitrogen

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration	
EB0010581 EB0010570	391.8 ppm 259.8 ppm	EB0010603 EB0010559	392.5 ppm 258.9 ppm	
EB0010285 EB0010561 EB0010681	209.0 ppm 103.7 ppm 52.22 ppm	EB0010562 EB0010579	104.2 ppm 52.94 ppm	

 CRM Serial No.
 Concentration
 CRM Serial No.
 Concentration

 CC727481
 800.0 ppm
 CC727493
 390.0 ppm

 CC727496
 253.0 ppm
 CC727498
 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:02.16.2023 13:50

Approved for Release:

Rod Marsala

Roll Marsola

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 || JOHN L. FOSTER

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

ALCO-SENSOR IV WITH PRINTER, 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

DATE 8/7/2023

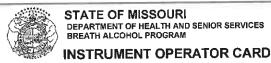
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES 8/7/2025

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 FOSTER, JOHN

Permit No 230163

Date Issued 8/7/2023 Date Expires 8/7/2025

