

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 the regular monthly preventive maintenance check (not to exceed 35					
days). Complete this report whenever					
	and send a copy within 15 days to the				
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION		
13339 LOCATION OF INSTRUMENT (STREET AND CITY	Gladstone Police Dept.		02/23/2025		
,	,,		TIME OF INSPECTION		
7010 N Holmes Gladstone CHECKLIST: Place a mark in the box by each item if found to be satisfac			11:16 CST		
established limits. (Write in obse	-			-	
before using instrument.	rved varues where de	ecermined). Onmar	Ked Items mast be	Corrected	
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK			******
X FC 1 TEMP	X FLOW CHECK				
Summit .	- Innert				
X SRC TEMP	X FCB CHECK				
X DET TEMP	X CRC COMP CHE				
	X BT TEMP X CRC CAL CHEC		K		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK	,				
BREATH ANALYZER ACCURACY STANDA	ARDS				
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	JRE	
		LOT# AG309502)25
SIMULATOR TEMP (34°C +0.2°C)	SIM.	SN	SIM. NIST EXP	DATE	
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. X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 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 © 0.099 g/210L TEST 2 © 0.099		g/210L TEST 3 © 0.099 g/210L			
INDICATE THE NUMBER OF BREATH T	TESTS IN THE FOLLO	WING RANGES SIN	I CE THE LAST MAIN	TENANCE REPORT:	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS 0 004 10	.0509 0	.1014 0	.1519 0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALT SATISFACTORILY AND WITHIN ESTABLISHED L MAINT CHECK		N THAT WAS MADE TO RI	ESTORE THE INSTRUMENT	TO OPERATE	
INSPECTING OFFICER					
GNATURE PRINT FULL NAME ANTHONY CONS		****			
)		ANTHONY CONSIGLIO			
1	ATION DATE	TELEPHONE NUMBER	0		
230102 05/3	0/2025	(816)436-355	U		
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: 5-Apr-2023

Lot # AG309502 Model 108

Exp Date 5-Apr-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 CC727496

Concentration mqq 0.008 253.0 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:Algas USA LLC (Lab) Dato:04.05.2023 17:55

Approved for Release:

Rod Marsala

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

ANTHONY CONSIGLIO JR

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 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE	5/30/2023	Mike Massur
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	230102	Datro
EXPIRES 5/30/2025	Davla J. McBelson	
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (RG-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 CONSIGLIO JR, ANTHONY

Permit No 230102

Date Issued 5/30/2023 Date Expires 5/30/2025

