

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

	II MAINTENANCE			REPORT #3	
Complete this report at the time	_				
days). Complete this report when					
	and send a copy within 15 days to the				
INTOX EC/IR II SN 13339		NAME OF AGENCY		DATE OF INSPECTION	
LOCATION OF INSTRUMENT (STREET AND C		Gladstone Police Dept.		03/23/2025 TIME OF INSPECTION	
7010 N Holmes Gladstone		09:11 CDT			
CHECKLIST: Place a mark in the h	ov by each item if for	und to be eatisfac	1	ng within	
established limits. (Write in oh					
before using instrument.					
X DIAGNOSTIC RECORD	<u> </u>				
X BLANK CHECK	X CO2 CHECK				
X FC 1 TEMP	X FLOW CHECK				
X SRC TEMP	X FCB CHECK				
X DET TEMP			CK		
		X CRC CAL CHEC	· · · · · · · · · · · · · · · · · · ·		
		r.			
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STA	NDARDS				
			ETHANOL-GAS MIXTURE		
X STANDARD SUPPLIER INTOXIMETERS LOT#		LOT# AG309502	EXP. DATE 05/04/2025		
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.		9 g/210L TEST 3 🖙 0.099 g		9 g/210L	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS 0 004 0	.0509 0	.1014 2	.1519 3	OVER .19 0	
LIST ANY NEW PARTS AND DESCRIBE ANY A SATISFACTORILY AND WITHIN ESTABLISHED	ALTERATION OR MODIFICATION OR LIMITS (USE OTHER SIDE		ESTORE THE INSTRUMENT	TO OPERATE	
MONTHLY MAINT TEST					
INSPECTING OFFICER					
SIGNATURE	מבסרו	PRINT FULL NAME			
		ANTHONY CONSI	IGLIO		
	/30/2025	TELEPHONE NUMBER (816) 436-355	0		
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 108 Component Ethanol

Certified Concentration 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. EB0010603 EB0010559 EB0010562 EB0010579

392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

Concentration

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 enalysis Location:Argas 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 III

ANTHONY P. CONSIGLIO

is hereby authorized to 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.

DATE9/14/2022	Wike Wassin		
322127	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 322127			
EXPIRES 9/14/2024	Davla I. Nichelson		
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		
MO 580-0772 (6-10)	LAB-6 (R6-10)		

LAB-6 (R6-10)

