

RECEIVED

By Tracy Crews at 12:55 pm, Jan 31, 2025

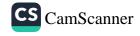
REPORT #2

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send one copy to Department of Health and Senior Services, and retain one copy in department file. INSTRUMENT SERIAL NUMBER LOCATION OF INSTRUMENT DATE OF INSPECTION TIME OF INSPECTION 80-005827 ORONOGO POLICE DEPT 01/31/2025 00:08 CALIBRATION CHECK RESULTS CALIBRATION CHECK SUMMARY STANDARD TYPE STANDARD LOT # STANDARD EXPIRATION DATE DRY 09/25/2025 AG326805 g/210L Test Time SIM TEMPERATURE SIM SERIAL NUMBER SIM CERTIFICATE EXPIRATION N/A N/A N/A Air Blank 0.000 00:10 STANDARD VALUE STANDARD SUPPLIER Cal Check 0.080 00:10 0.080 **AIRGAS** Air Blank 0.000 00:10 CALIBRATION CHECK RESULT 1 Cal Check 0.079 00:11 Air Blank 0.080 0.000 00:11 CALIBRATION CHECK RESULT 2 Cal Check 0.080 00:12 0.079 Air Blank 0.000 00:12 CALIBRATION CHECK RESULT 3 0.080 ass MAXIMUM DEVIATION (MUST BE WITHIN 5%) SPREAD (MUST BE .005 OR LESS) 1.2% 0.001 DIAGNOSTIC TEST RESULTS **RFI TEST RESULTS** Voltage/Current Test Pass Test g/210L Time RAM Test Pass EEPROM Checksum Test Pass Air Blank 0.000 00:13 Real Time Clock Test Pass Subject Test RFI* 00:13 DSP Test Air Blank Pass 0.000 00:13 Analytical Stability Test Pass Modem Test Pass *RFI Detect Temperature Regulation Test Pass ass NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT REFUSALS 0 0 0 0 0 0 List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER	AND SOME STATES	Caracteria de Caracteria d	THE PARTY OF THE P	
SIGNATURE		PRINT NAME		
088		CHRISTOPHER S	HONK	
TYPE II PERMIT NUMBER	EXPIRATION DATE		TELEPHONE NUMBER	
230130	06/26/20	25	4176731911	
MO 580-2901 (6-10)	AN FOUAL OPPORTUNIT	Y/AFFIRMATIVE ACTION EMPLOYER		1 AD 16

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis

LAB-167





Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Test Date: 27-Sep-2023

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

Lot # AG326805 Model 108

Exp Date 25-Sep-2025 Cyl. Type 108

Component

Ethanol

Certified Concentration 0.080 ± 0.002 BrAC (208 ppm)

Nitrogen

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

Concentration **RGM Serial No. RGM Serial No.** Concentration EB0010603 392.5 ppm EB0010581 391.8 ppm EB0010570 EB0010559 258.9 ppm 259.8 ppm 104.2 ppm 209.0 ppm EB0010562 EB0010285 52.94 ppm EB0010579 EB0010561 103.7 ppm EB0010681 52,22 ppm

Concentration CRM Serial No. Concentration CRM Serial No. CC727493 390.0 ppm 800.0 ppm CC727481 CC727498 150.0 ppm CC727496 253.0 ppm

Analytical Method: **NDIR**

Digitally eigned by Quality Control Reason Dry gas slandard cortifica Location: Argas USA LLC (Lab) Date:09.28.2023 17:18

Approved for Release:

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07

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STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM**



PERMIT TYPE II

CHRISTOPHER SHONK

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, INTOXILYZER 8000

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, Namo and 306.111 through 300.113 Hall	Mile Massur
DATE6/26/2023	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230130	Daves I. nichelson
EXPIRES 6/26/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES
MD 580-0771 (G-10)	LAB-4 (R6-10)



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

named cardholder is suthorized to operate an evidential breath sicohol ument for the determination of the sicoholic content in breath form of expired a

Operator

SHONK, CHRISTOPHER Permit No 230130

Date Expires 6/26/2025

