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

INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

RECEIVED
By Carol Day at 11:45 am, Aug 26, 2015

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 [illegible] 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
12859	Lincoln County SO	08/17/2015

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
65 Business Park Drive Troy	10:13 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	[X] CO2 CHECK
[X] FC 1 TEMP	[X] FLOW CHECK
[X] SRC TEMP	[X] FCB CHECK
[X] DET TEMP	[X] CRC COMP CHECK
[X] BT TEMP	[X] CRC CAL CHECK
[X] STD 2 TEMP	[X] PRINT TEST
[X] ETH CHECK	

BREATH ANALYZER ACCURACY STANDARDS

[ ] SIMULATOR SOLUTION [X] COMPRESSED ETHANOL-GAS MIXTURE

[X] STANDARD SUPPLIER intoximeters LOT# ag434201 EXP. DATE 12/08/2016

[ ] SIMULATOR TEMP (34°C ±0.2°C)	SIMULATOR S/N	SIMULATOR EXP DATE

[X] 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. (PRINTOUT ATTACHED)

[ ] 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
[X] 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 0.080 g/210L	TEST 2 0.080 g/210L	TEST 3 0.080 g/210L

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS	0-.04	.05-.09	.10-.14	.15-.19	OVER .19
2	1	0	0	1	3

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

SIGNATURE		PRINT FULL NAME
		PIRTLE, MICHAEL
TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
250030	01/20/2017	(636) 528-8546

RETURN COMPLETED REPORT TO THE:

Breath Alcohol Program, Missouri Department of Health and Senior Services,
Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901

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

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

BLOOD ALCOHOL TEST REPORT - INTOX EC/IR II

FORM #13

LOCATION OF INSTRUMENT	INSTRUMENT SERIAL NUMBER	DATE OF TEST	TIME OF TEST
Lincoln County SO 65 Business Park Drive Troy	12859	08/17/2015	10:16 CDT

SUBJECT NAME	DATE OF BIRTH
n/a, n/a N	01/01/1981

SEX	SUBJECT DRIVER'S LICENSE NUMBER	STATE
M	1234	MO

ARRESTING OFFICER	ARRESTING OFFICER ID
PIRTLE, MICHAEL	490

OPERATOR	OPERATOR PERMIT	PERMIT EXP DATE
PIRTLE, MICHAEL	250030	01/20/2017

OPERATIONAL CHECKLIST: INTOX EC/IR II

[X] 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.

[X] 2. Subject observed for at least 15 minutes by: PIRTLE, MICHAEL No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.

[X] 3. Assure that the power switch is ON and the screen is displaying "PRESS ENTER TO START".

[X] 4. Press the Enter button.

[X] 5. Enter subject and officer information.

[X] 6. When display reads "Please Blow /R", and gives audible beep, insert mouthpiece and take the subject's breath sample.

SUBJECT TEST RESULTS

Test	g/210L	Time
DIAG	Pass	10:16
BLK	0.000	10:16
SUBJ	0.000	10:17
BLK	0.000	10:18

Smpl #	Durn (sec)	Vol (cc)	Time
1	5.27	2453	10:17

COMMENTS

blank test

CERTIFICATION BY OPERATOR

BAC: **0.000 g/210L**

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

[X] 1. There was no deviation from the procedure approved by the department.

[X] 2. To the best of my knowledge the instrument was functioning properly.

[X] 3. I am authorized to operate the instrument.

[X] 4. No radio transmission occurred inside the room where and when this test was being conducted.

SIGNATURE OF OPERATOR	DATE
	8-17-15
WITNESS (IF ANY)	DATE

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

Certificate of Analysis

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

Test Date: 9-Dec-2014

Lot # AG434201

Exp. Date	Cyl. Type	Component	Certified Concentration
8-Dec-2016	108	Ethanol	0.080 ± 0.002 BrAC (218 ppm)
		Nitrogen	Balance

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

Serial No.	Concentration	Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2014.12.09 17:17:50 -06:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Analyst: Rod Marsala

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

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PERMIT

TYPE II

MICHAEL K PIRTLE

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

DATAMASTER, 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 **1/20/2015**

NUMBER **250030**

EXPIRES **1/20/2017**

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Gail Vasterling ,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 air in Missouri.

Operator PIRTLE, MICHAEL
Permit No 250030
Date Issued 1/20/2015 **Date Expires** 1/20/2017