



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

**INTOX EC/IR II MAINTENANCE REPORT**

REPORT #3

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 repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX EC/IR II SN 12676	NAME OF AGENCY FLORISSANT POLICE	DATE OF INSPECTION 05/02/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US HWY 67 FLORISSANT		TIME OF INSPECTION 08:11 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.

**DIAGNOSTIC RECORD**

<input checked="" type="checkbox"/> BLANK CHECK	<input checked="" type="checkbox"/> CO2 CHECK
<input checked="" type="checkbox"/> FC 1 TEMP	<input checked="" type="checkbox"/> FLOW CHECK
<input checked="" type="checkbox"/> SRC TEMP	<input checked="" type="checkbox"/> FCB CHECK
<input checked="" type="checkbox"/> DET TEMP	<input checked="" type="checkbox"/> CRC COMP CHECK
<input checked="" type="checkbox"/> BT TEMP	<input checked="" type="checkbox"/> CRC CAL CHECK
<input checked="" type="checkbox"/> STD 2 TEMP	<input checked="" type="checkbox"/> PRINT TEST
<input checked="" type="checkbox"/> ETH CHECK	

**BREATH ANALYZER ACCURACY STANDARDS**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE				
<input checked="" type="checkbox"/> STANDARD SUPPLIER	INTOXIMETERS	LOT#	AG521003	EXP. DATE	07/29/2017
<input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C)	SIMULATOR S/N	SIMULATOR 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. (PRINTOUT ATTACHED).

<input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
<input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 <sup>15</sup> 0.099 g/210L	TEST 2 <sup>15</sup> 0.099 g/210L	TEST 3 <sup>15</sup> 0.099 g/210L
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**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:**

REFUSALS	0	0-.04	9	.05-.09	0	.10-.14	1	.15-.19	0	OVER .19	0
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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).

may maint.

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>Michael 578</i>	PRINT FULL NAME MICHAEL, STEVE
TYPE II PERMIT NUMBER 250054	TELEPHONE NUMBER ( 314 ) 831-7000
EXPIRATION DATE 02/20/2017	

**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



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:** 3-Aug-2015

**Lot #** AG521003 **Model** 108caccd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
29-Jul-2017	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

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

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
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: 2015.08.04 09:59:31 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Analyst: \_\_\_\_\_

  
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**

**STEVE MICHAEL**

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 2/20/2015

NUMBER 250054

EXPIRES 2/20/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-1 (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 MICHAEL, STEVE  
Permit No 250054  
Date Issued 2/20/2015 Date Expires 2/20/2017

**RECEIVED**  
By Carol Day at 6:03 am, Feb 13, 2015

**APPROVED**  
By Brian Lutmer at 8:58 am, Feb 20, 2015



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

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR  
 NEW PERMIT     RENEWAL    CURRENT PERMIT NUMBER AND EXPIRATION DATE

PRINT FULL NAME: Steve Michael    TITLE: Police officer    AGE: 38

A disclosure concerning your SSN number is available at:  
<http://www.health.mo.gov/lab/breathalcohol/>

DEPARTMENT OR TROOP: Florissant Police Department    TELEPHONE: 314 831-7000

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE):  
1200 N.Hwy 67 Florissant Missouri 63031

EMAIL ADDRESS:  
Smichael@florissantmo.com

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS  
 (Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PAGE A / BEING DESTROYED FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
Feb. 2-6	UC MO/ MSC	40	Supv. course	<input checked="" type="checkbox"/>	welsh & lutmer
Feb. 9-10	UCMO/ MSC	14	INTOX ECIR 2	<input checked="" type="checkbox"/>	welsh
FEB 11, 2015	UCMO/ MSC	8	AS 4 W/PRINTER	<input checked="" type="checkbox"/>	WELSH
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year. OK BML

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. <u>INTOX EC/IR II</u>	<u>10 MR'S OK BML</u>	<u>10 SELF-TESTS OK BML</u>
2. <u>ALCO-SENSOR IV W/ PRINTER</u>	<u>10 MR'S OK BML</u>	<u>10 SELF-TESTS OK BML</u>
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT: Steve Michael    DATE: 2-9-15

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services  
 Southeast District Office  
 2875 James Blvd,  
 Poplar Bluff, MO 63901