



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 06/06/2016 |
|----------------------------|-------------------------------------|----------------------------------|

| | |
|-----------------------------------------------------------------------|---------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US HWY 67 FLORISSANT | TIME OF INSPECTION 07:31 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.

| | |
|--------------------------------------------------------------|----------------------------------------------------|
| <input checked="" type="checkbox"/> 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 |
|-------------------------------------------------------|---------------|--------------------|

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> 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 \approx 0.099 g/210L | TEST 2 \approx 0.099 g/210L | TEST 3 \approx 0.099 g/210L |
|-------------------------------|-------------------------------|-------------------------------|

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

| | | | | | | | | | | | |
|----------|---|-------|----|---------|---|---------|---|---------|---|----------|---|
| REFUSALS | 0 | 0-.04 | 11 | .05-.09 | 0 | .10-.14 | 0 | .15-.19 | 3 | OVER .19 | 1 |
|----------|---|-------|----|---------|---|---------|---|---------|---|----------|---|

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).

JUNE MAINT

| | | |
|---------------------------------|-----------------------------------|--------------------------------------|
| INSPECTING OFFICER | | |
| SIGNATURE | PRINT FULL NAME MICHAEL, STEVE | |
| TYPE II PERMIT NUMBER 250054 | EXPIRATION DATE 02/20/2017 | TELEPHONE NUMBER (314) 831-7000 |

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



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

2

**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-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 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 <input checked="" type="checkbox"/> NEW PERMIT <input type="checkbox"/> 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) 1700 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 | PLEASE CHECK INSTRUMENTS 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. INTOX EC/IR II | 10 MR'S OK BML | 10 SELF-TESTS OK BML |
| 2. ALCO-SENSOR IV W/ PRINTER | 10 MR'S OK BML | 10 SELF-TESTS OK BML |
| 3. | | |

When adding a new instrument, you receive a now 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 <i>Steve Michael</i> | 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



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 108cadd

| | | | |
|------------------|------------------|---------------------|--------------------------------------|
| Exp. Date | Cyl. Type | Component | Certified Concentration |
| 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