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By Ellen Strawsine at 11:55 am, Jan 12, 2016



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: 12821 NAME OF AGENCY: Belton Police Department DATE OF INSPECTION: 01/01/2016

LOCATION OF INSTRUMENT (STREET AND CITY): 7001 E 163rd St Belton TIME OF INSPECTION: 07:08 CST

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
[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# AG4232201 EXP. DATE 08/20/2016
[ ] 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)

- [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 0.101 g/210L TEST 2 0.101 g/210L TEST 3 0.100 g/210L

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

Table with columns for REFUSALS, 0-.04, .05-.09, .10-.14, .15-.19, OVER .19 and corresponding counts: 1, 1, 0, 4, 3, 2

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).

JANUARY 01, 2016 MAINT.

INSPECTING OFFICER

SIGNATURE: [Signature] PRINT FULL NAME: BAKER, JOHN
TYPE II PERMIT NUMBER: 250045 EXPIRATION DATE: 02/20/2017 TELEPHONE NUMBER: (816) 331-1500

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

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**PERMIT  
TYPE II**

**JOHN W BAKER**

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

**INTOX EC/IR II, INTOXILYZER 5000**

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 250045

EXPIRES 2/20/2017

MO 680-0771 (9-10)

*[Signature]*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*  
**acting director**  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (PS-10)

**Airgas**

Airgas USA LLC (LAB)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 633-3100  
Fax: (314) 633-7328

**Certificate of Analysis**

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

**Test Date:** 20-Aug-2014

Lot # AG423201

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
20-Aug-2016	108	Ethanol	0.100 ± 2% BrAC (272 ppm)
		Nitrogen	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: 2014.08.22 12:04:20 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

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

*[Signature]*  
Rod Marsala

IN THE STATE OF MISSOURI

COUNTY OF CASS

AFFIDAVIT

Before me, the undersigned authority, personally appears CPL. JOHN BAKER, DSN III

Who, being by me duly sworn, deposed as follows:

My name is JOHN BAKER, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

I am the custodian of the records of the ECIR II Serial # 12821. Attached hereto are two pages of records from the Belton Missouri Police Department.

These pages of records are kept by the Belton Missouri Police Department in the regular course of business of the Belton Missouri Police Department for the employee or representative of the Belton Missouri Police Department with the knowledge of the act, event condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time of the act, event condition, opinion or diagnosis. The record attached hereto are the original or the exact duplicates of the originals.

CPL. John Baker, DSN III  
Affiant

In the witness whereof I have hereunto subscribed my name and affixed by my official seal this 4<sup>th</sup> Day of January 2016.



Leslie Brock  
Notary Public