

**RECEIVED**

By Brian Lutmer at 10:49 am, Feb 01, 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 12859	NAME OF AGENCY Lincoln County SO	DATE OF INSPECTION 01/23/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 65 Business Park Drive Troy	TIME OF INSPECTION 14:49 CST
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**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# ag434201      EXP. DATE 12/08/2016
<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 type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input checked="" 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>MP</sup> 0.081 g/210L	TEST 2 <sup>MP</sup> 0.081 g/210L	TEST 3 <sup>MP</sup> 0.080 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	31	.05-.09	0	.10-.14	0	.15-.19	2	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).

**INSPECTING OFFICER**

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

**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



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**BLOOD ALCOHOL TEST REPORT - INTOX EC/IR II**

FORM #13

LOCATION OF INSTRUMENT Lincoln County SO 65 Business Park Drive Troy		INSTRUMENT SERIAL NUMBER 12859	DATE OF TEST 01/23/2016	TIME OF TEST 14:51 CST
SUBJECT NAME n/a, n/a			DATE OF BIRTH 01/01/1981	
SEX M	SUBJECT DRIVER'S LICENSE NUMBER 1234		STATE MO	
ARRESTING OFFICER PIRTLE, MICHAEL		ARRESTING OFFICER ID 490		
OPERATOR PIRTLE, MICHAEL		OPERATOR PERMIT 250030	PERMIT EXP DATE 01/20/2017	

**OPERATIONAL CHECKLIST: INTOX EC/IR II**

- 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.
- 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.
- 3. Assure that the power switch is ON and the screen is displaying "PRESS ENTER TO START".
- 4. Press the Enter button.
- 5. Enter subject and officer information.
- 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	Smpl #	Durn (sec)	Vol (cc)	Time
DIAG	Pass	14:51				
BLK	0.000	14:51	1	3.16	1653	14:52
SUBJ	0.000	14:52				
BLK	0.000	14:53				

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:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.
- 4. No radio transmission occurred inside the room where and when this test was being conducted.

SIGNATURE OF OPERATOR

DATE  
01-23-2016

WITNESS (IF ANY)

DATE



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



**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

**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



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**

8-Dec-2016

**Cyl. Type**

108

**Component**

Ethanol  
Nitrogen

**Certified Concentration**

0.080 ± 0.002 BrAC (218 ppm)  
Balance

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

**Serial No.**

EB0010581  
EB0010570  
EB0010285  
EB0010561  
EB0010681

**Concentration**

391.8 ppm  
259.8 ppm  
209.0 ppm  
103.7 ppm  
52.22 ppm

**Serial No.**

EB0010603  
EB0010559  
EB0010595  
EB0010562  
EB0010579

**Concentration**

392.5 ppm  
258.9 ppm  
208.9 ppm  
104.9 ppm  
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

**ISO 17025:2005 A2LA accredited. Certificate Number 2989.01**