



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 12946 | NAME OF AGENCY MOBERLY PD | DATE OF INSPECTION 02/23/2016 |
|----------------------------|------------------------------|----------------------------------|

| | |
|---|---------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 300 N. CLARK STREET MOBERLY | TIME OF INSPECTION 11:19 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.

| | |
|--|--|
| <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# | AG510002 |
| EXP. DATE | 04/10/2017 |
| <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)

- 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 ^{15'} 0.101 g/210L | TEST 2 ^{15'} 0.101 g/210L | TEST 3 ^{15'} 0.100 g/210L |
|------------------------------------|------------------------------------|------------------------------------|

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

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

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).

intoximeter is with-in MO standards

| | |
|---------------------------------|--------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE | PRINT FULL NAME BOWNE, ANTHONY |
| TYPE II PERMIT NUMBER 260098 | TELEPHONE NUMBER (660) 263-0346 |
| EXPIRATION DATE 02/22/2018 | |

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 MOBERLY PD 300 N. CLARK STREET MOBERLY | | INSTRUMENT SERIAL NUMBER 12946 | DATE OF TEST 02/23/2016 | TIME OF TEST 11:21 CST |
| SUBJECT NAME BOWNE, ANTHONY J | | | DATE OF BIRTH 09/10/1980 | |
| SEX M | SUBJECT DRIVER'S LICENSE NUMBER S045255016 | | STATE MO | |
| ARRESTING OFFICER BOWNE, ANTHONY | | ARRESTING OFFICER ID 255 | | |
| OPERATOR BOWNE, ANTHONY | | OPERATOR PERMIT 260098 | PERMIT EXP DATE 02/22/2018 | |

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: BOWNE, ANTHONY 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 | 11:21 | | | | |
| BLK | 0.000 | 11:22 | 1 | 5.02 | 2280 | 11:22 |
| SUBJ | 0.000 | 11:22 | | | | |
| BLK | 0.000 | 11:23 | | | | |

COMMENTS

maintenance checked ok

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

Anthony Bowne

2-23-16

WITNESS (IF ANY)

DATE



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

INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

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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# | AG510002 | EXP. DATE | 04/10/2017 |
| <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)

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intoximeter is with-in MO standards

INSPECTING OFFICER

| | |
|------------------------------------|--------------------------------------|
| SIGNATURE [Signed Copy on file] | PRINT FULL NAME BOWNE, ANTHONY |
| TYPE II PERMIT NUMBER 260098 | TELEPHONE NUMBER (660) 263-0346 |
| EXPIRATION DATE 02/22/2018 | |

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

RECEIVED

By Carol Day at 1:44 pm, Feb 19, 2016

APPROVED

By Ellen Strawsine at 4:23 pm, Feb 19, 2016



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
APPLICATION FOR TYPE II PERMIT FOR OPERATION OF B...

THIS APPLICATION IS FOR NEW PERMIT RENEWAL

PRINT FULL NAME: Anthony Bowne TITLE: SGT AGE: 35

DEPARTMENT OR TROOP: Moberly Police Department TELEPHONE: 660 263 0346

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE): 300 North Clark Street Moberly Mo 65270

EMAIL ADDRESS: Downe255@gmail.com bowne@moberlyPd.com

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

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 | FLUOR/ESSOR INSTRUMENTS FOR WHICH YOU REQUEST | NAME OF INSTRUCTOR |
|--------------------|--------------------|----------------------|---------------------------------|---|--------------------|
| Feb 8-12 2016 | mse/ucmo | 40 | Supervisor Course | <input checked="" type="checkbox"/> | Welch wutaw |
| 2/17/16 | ucmo/mse | 8 | AS4 w/Printer | <input checked="" type="checkbox"/> | Welch |
| 2/18/16 2/19/16 | ucmo/mse | 14 | Intox ECir 2 | <input checked="" type="checkbox"/> | Welch |
| | | | | <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.

| MANUFACTURER AND NAME OF INSTRUMENT | NUMBER OF MAINTINANCH REPORTS | NUMBER OF SUBJECT TESTS |
|-------------------------------------|-------------------------------|-------------------------|
| 1. ALCO-SENSOR IV W/PRINTER | 10 MR'S OK ERS | 10 SELF-TESTS OK ERS |
| 2. INTOX EC/IR II | 10 MR'S OK ERS | 10 SELF-TESTS OK ERS |
| 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 those 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: Anthony Bowne

DATE: 2-8-16

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2878 James Blvd.
Poplar Bluff, MO 63901



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

2

**PERMIT
 TYPE II**

ANTHONY BOWNE

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 2/22/2016

NUMBER 260098

EXPIRES 2/22/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (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 BOWNE, ANTHONY
 Permit No 260098
 Date Issued 2/22/2016 Date Expires 2/22/2018

RECEIVED

By Carol Day at 1:44 pm, Feb 19, 2016

APPROVED

By Ellen Strawsine at 4:23 pm, Feb 19, 2016



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZER

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

PRINT FULL NAME: Anthony Bowne
TITLE: SGT
AGIS: 35

A disclosure concerning your SSN number is available at:
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TELEPHONE: 660 263 0346

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Downe255@gmail.com bowne@moberlyPd.com

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DATE: 2-8-16

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Southeast District Office
2878 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
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 13-Apr-2015

Lot # AG510002

| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u> | <u>Certified Concentration</u> |
|------------------|------------------|---------------------|--------------------------------------|
| 10-Apr-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: 2015.04.13 12:50:27 -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