



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 12825	NAME OF AGENCY MARYLAND HEIGHTS POLICE	DATE OF INSPECTION 04/08/2023																																												
LOCATION OF INSTRUMENT (STREET AND CITY) 11911 DORSETT RD. MARYLAND HEIGHTS		TIME OF INSPECTION 00:43 CDT																																												
<p><b>CHECKLIST:</b> 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.</p> <p><input checked="" type="checkbox"/> <b>DIAGNOSTIC RECORD</b></p> <table border="1"> <tr> <td><input checked="" type="checkbox"/> BLANK CHECK</td> <td><input checked="" type="checkbox"/> CO2 CHECK</td> </tr> <tr> <td><input checked="" type="checkbox"/> FC 1 TEMP</td> <td><input checked="" type="checkbox"/> FLOW CHECK</td> </tr> <tr> <td><input checked="" type="checkbox"/> SRC TEMP</td> <td><input checked="" type="checkbox"/> FCB CHECK</td> </tr> <tr> <td><input checked="" type="checkbox"/> DET TEMP</td> <td><input checked="" type="checkbox"/> CRC COMP CHECK</td> </tr> <tr> <td><input checked="" type="checkbox"/> BT TEMP</td> <td><input checked="" type="checkbox"/> CRC CAL CHECK</td> </tr> <tr> <td><input checked="" type="checkbox"/> STD 2 TEMP</td> <td><input checked="" type="checkbox"/> PRINT TEST</td> </tr> <tr> <td><input checked="" type="checkbox"/> ETH CHECK</td> <td></td> </tr> </table> <p><b>BREATH ANALYZER ACCURACY STANDARDS</b></p> <table border="1"> <tr> <td><input type="checkbox"/> SIMULATOR SOLUTION</td> <td><input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE</td> </tr> <tr> <td><input checked="" type="checkbox"/> STANDARD SUPPLIER</td> <td>INTOXIMETERS, INC. LOT# AG218702 EXP. DATE 07/06/2024</td> </tr> <tr> <td><input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C)</td> <td>SIM. SN SIM. NIST EXP DATE</td> </tr> </table> <p><input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b></p> <p>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.</p> <table border="1"> <tr> <td><input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</td> </tr> <tr> <td><input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</td> </tr> <tr> <td><input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</td> </tr> </table> <table border="1"> <tr> <td>TEST 1 <sup>SP</sup> 0.098 g/210L</td> <td>TEST 2 <sup>SP</sup> 0.098 g/210L</td> <td>TEST 3 <sup>SP</sup> 0.098 g/210L</td> </tr> </table> <p><b>INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:</b></p> <table border="1"> <tr> <td>REFUSALS</td> <td>1</td> <td>0-.04</td> <td>21</td> <td>.05-.09</td> <td>0</td> <td>.10-.14</td> <td>2</td> <td>.15-.19</td> <td>2</td> <td>OVER .19</td> <td>0</td> </tr> </table> <p>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).</p> <p><b>INSPECTING OFFICER</b></p> <table border="1"> <tr> <td>SIGNATURE </td> <td>PRINT FULL NAME LEE JOHNSON</td> </tr> <tr> <td>TYPE II PERMIT NUMBER 220132</td> <td>EXPIRATION DATE 05/11/2024</td> </tr> <tr> <td></td> <td>TELEPHONE NUMBER ( 314 ) 298-8700</td> </tr> </table> <p><b>RETURN COMPLETED REPORT TO THE:</b> Breath Alcohol Program, Missouri Department of Health and Senior Services, by mail, fax, or e-mail</p>			<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		<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE	<input checked="" type="checkbox"/> STANDARD SUPPLIER	INTOXIMETERS, INC. LOT# AG218702 EXP. DATE 07/06/2024	<input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C)	SIM. SN SIM. NIST EXP DATE	<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>SP</sup> 0.098 g/210L	TEST 2 <sup>SP</sup> 0.098 g/210L	TEST 3 <sup>SP</sup> 0.098 g/210L	REFUSALS	1	0-.04	21	.05-.09	0	.10-.14	2	.15-.19	2	OVER .19	0	SIGNATURE 	PRINT FULL NAME LEE JOHNSON	TYPE II PERMIT NUMBER 220132	EXPIRATION DATE 05/11/2024		TELEPHONE NUMBER ( 314 ) 298-8700
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# Airgas

012825  
Tank # 044

Airgas USA LLC (LAB)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7328

RGM Serial No.	Concentration	Concentration
EB0010581	391.8 ppm	392.5 ppm
EB0010570	259.9 ppm	258.9 ppm
EB0010285	209.0 ppm	104.2 ppm
EB0010561	103.7 ppm	52.94 ppm
EB0010681	52.22 ppm	
CRM Serial No.	Concentration	Concentration
CC727481	800.0 ppm	390.0 ppm
CC727496	253.0 ppm	150.0 ppm

## Certificate of Analysis

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

Test Date: 7-Jul-2022

Lot # AG218702 Model 108

Analytical Method: NDIR  
 Exp Date: 6-Jul-2024  
 Cyl. Type: 108  
 Component: Ethanol, Nitrogen  
 Certified Concentration: 0.100 ± 2% BrAC (272 ppm)

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.9 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by: Quality Control  
Reason: Dry gas standard certification of analysts  
Location: Airgas USA LLC (Lab)  
Date: 07.07.2022 16:42

Approved for Release: Rod Marsala  
Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06  
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07

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

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 306.110 through 306.110 RSMo.



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

2

EXPIRES 5/11/2024

PERMIT  
TYPE II

LEE JOHNSON

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

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 306.110 through 306.110 RSMo.

DATE 5/11/2022

*James G. Ludwig*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220132

*Daniel J. Richardson*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 5/11/2024

MO 680-0771 (6-10)

LAB-4 (28-10)

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 JOHNSON, LEE  
Permit No 220132  
Date Issued 5/11/2022 Date Expires 5/11/2024