



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<br>12945 | NAME OF AGENCY<br>ST JOSEPH PD | DATE OF INSPECTION<br>04/09/2023 |
|----------------------------|--------------------------------|----------------------------------|

|  |                                 |
|--|---------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>501 Faraon Street St. Joseph | TIME OF INSPECTION<br>06:57 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"/> <b>DIAGNOSTIC RECORD</b> |  |
| <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                |  |

|   |  |                    |                      |
|---|--|--------------------|----------------------|
| <b>BREATH ANALYZER ACCURACY STANDARDS</b>             |  |                    |                      |
| <input type="checkbox"/> SIMULATOR SOLUTION           | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |                    |                      |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER | intoximeters   | LOT# AG304601      | EXP. DATE 02/15/2025 |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C) | SIM. SN  | SIM. NIST 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.

|  |
|--|
| <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 → 0.100 g/210L | TEST 2 → 0.100 g/210L | TEST 3 → 0.100 g/210L |
|-----------------------|-----------------------|-----------------------|

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

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

monthley test

|                                 |                                      |
|---------------------------------|--------------------------------------|
| <b>INSPECTING OFFICER</b>       |                                      |
| SIGNATURE<br>                   | PRINT FULL NAME<br>FOSTER, JOHN      |
| TYPE II PERMIT NUMBER<br>210197 | TELEPHONE NUMBER<br>( 816 ) 596-8206 |
| EXPIRATION DATE<br>09/09/2023   |                                      |

**RETURN COMPLETED REPORT TO THE:**  
 Breath Alcohol Program, Missouri Department of Health and Senior Services,  
 by mail, fax, or e-mail



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

2

**PERMIT**  
**TYPE II**  
**JOHN L. FOSTER**

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 9/9/2021

NUMBER 210197

EXPIRES 9/9/2023

*Laura P. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Ramsey*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MD 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 FOSTER, JOHN  
Permit No 210197  
Date Issued 9/9/2021 Date Expires 9/9/2023





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

## Certificate of Analysis

Test Date: 15-Feb-2023

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

**Lot #** AG304601 **Model** 108

|                                |                         |   |   |
|--------------------------------|-------------------------|---|---|
| <b>Exp Date</b><br>15-Feb-2025 | <b>Cyl. Type</b><br>108 | <b>Component</b><br>Ethanol<br>Nitrogen | <b>Certified Concentration</b><br>0.100 ± 2% BrAC (272 ppm) |
|--------------------------------|-------------------------|---|---|

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

| RGM Serial No. | Concentration |
|----------------|---------------|
| EB0010581      | 391.8 ppm     |
| EB0010570      | 259.8 ppm     |
| EB0010285      | 209.0 ppm     |
| EB0010561      | 103.7 ppm     |
| EB0010681      | 52.22 ppm     |

| RGM Serial No. | Concentration |
|----------------|---------------|
| EB0010603      | 392.5 ppm     |
| EB0010559      | 258.9 ppm     |
| EB0010562      | 104.2 ppm     |
| EB0010579      | 52.94 ppm     |

| CRM Serial No. | Concentration |
|----------------|---------------|
| CC727481       | 800.0 ppm     |
| CC727496       | 253.0 ppm     |

| CRM Serial No. | Concentration |
|----------------|---------------|
| CC727493       | 390.0 ppm     |
| CC727498       | 150.0 ppm     |

Analytical Method: NDIR

Digitally signed by:Quality Control  
 Reason:Dry gas standard certification of analysis  
 Location:Airgas USA LLC (Lab)  
 Date:02.16.2023 13:50

Approved for Release:   
 Rod Marsala

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



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is sent copy to Department of Health and Senior Services; retain original in department file.

|   |  |                                  |
|---|--|----------------------------------|
| ALCO SENSOR IV SN<br>109482   | NAME OF AGENCY<br>Saint Joseph Police Department | DATE OF INSPECTION<br>03/10/2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>501 Faraon Street, Saint Joseph MO. 64501 |  | TIME OF INSPECTION<br>6:50 am    |

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observation where determined.) Unmarked items must be corrected before using instrument.

- DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Intoximeters LOT # AG304601 EXP. DATE 02/15/2025
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. NIST 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 less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)
  - 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
  - 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
  - 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

|               |               |               |
|---------------|---------------|---------------|
| TEST 1 ← .101 | TEST 2 ← .101 | TEST 3 ← .100 |
|---------------|---------------|---------------|

- RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
 (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

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

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily at established limits (use other side if necessary).

|  |                                    |
|--|------------------------------------|
| <b>INSPECTING OFFICER</b>                                    |                                    |
| SIGNATURE<br>  | PRINT NAME<br>John L. Foster       |
| PE II PERMIT NUMBER/EXPIRATION DATE<br>210197 Exp-09/09/2023 | TELEPHONE NUMBER<br>(816) 596-8206 |

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.