

**RECEIVED**

By Tracy Crews at 9:28 am, Aug 03, 2020



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  
12848NAME OF AGENCY  
BLUE SPRINGS POLICE DEPTDATE OF INSPECTION  
06/19/2020LOCATION OF INSTRUMENT (STREET AND CITY)  
1100 SW SMITH ST. BLUE SPRINGSTIME OF INSPECTION  
17:38 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.

 **DIAGNOSTIC RECORD** BLANK CHECK CO2 CHECK FC 1 TEMP FLOW CHECK SRC TEMP FCB CHECK DET TEMP CRC COMP CHECK BT TEMP CRC CAL CHECK STD 2 TEMP PRINT TEST ETH CHECK**BREATH ANALYZER ACCURACY STANDARDS** SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE STANDARD SUPPLIER Intoximeters LOT# AG901505 EXP. DATE 01/15/2021 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 0.100 g/210L

TEST 2 0.100 g/210L

TEST 3 0.099 g/210L

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

REFUSALS	0	0-.04	10	.05-.09	0	.10-.14	0	.15-.19	0	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

MLESLIE

TYPE II PERMIT NUMBER

290183

EXPIRATION DATE

08/19/2021

TELEPHONE NUMBER

( 816 ) 228-0150

**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



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

## Certificate of Analysis

**Customer Name**

*Exclusive Supplier*

Intoximeters, Inc.

2081 Craig Road

St. Louis, Mo 63146

**Test Date:** 15-Jan-2019

**Lot # AG901505 Model 108cadd**

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
15-Jan-2021	108	Ethanol	0.100 ± 2% BrAC (272 ppm)
		Nitrogen	Balance

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

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

**Analytical Method:** NDIR

Digitally signed by Quality Control  
Date: 2019.01.16 10:57:36 -06:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Approved for Release: \_\_\_\_\_

Rod Marsala

**ISO 17025:2005 A2LA accredited. Certificate Number 3082.06**  
**ISO 17034:2016 A2LA accredited. Certificate Number 3082.07**



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

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**PERMIT**  
**TYPE II**  
**MELINDA A LESLIE**

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 306.111 through 306.119 RSMo.

DATE 8/19/2019

  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290183

EXPIRES 8/19/2021

  
 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** LESLIE, MELINDA  
**Permit No** 290183  
**Date Issued** 8/19/2019 **Date Expires** 8/19/2021



IN THE STATE OF MISSOURI  
COUNTY OF JACKSON

AFFIDAVIT

Before me, the undersigned authority, personally appeared Officer Mindy Leslie, who being by me duly sworn, deposed as follows:

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

I am custodian of the records of the Intoximeter ECIRII, serial number 012848. Attached hereto are four (4) pages of records from the Blue Springs, Missouri Police Department. These pages of records are kept by the Blue Springs, Missouri Police Department in the regular course of business, and it was in the regular course of business of the Blue Springs, Missouri Police Department with 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 records attached hereto are the original or exact duplicates of the original.

Mindy #1771

Officer Mindy Leslie  
Type II Permit #290183  
Expiration: 08/19/2021

In witness whereof, I have hereunto subscribed my name and affixed by official seal this 22 day of July, 2020

Christina L Laing  
Notary Public



CHRISTINA L. LAING  
My Commission Expires  
August 20, 2020  
Johnson County  
Commission #12608445