



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 12854	NAME OF AGENCY ST. JOHN PD	DATE OF INSPECTION 07/16/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 8944 ST. CHARLES ROCK RD ST. JOHN	TIME OF INSPECTION 17:18 CDT
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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.

<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	LOT# AG009801	EXP. DATE 04/07/2022
<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.

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 <sup>W</sup> 0.082 g/210L	TEST 2 <sup>W</sup> 0.081 g/210L	TEST 3 <sup>W</sup> 0.081 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	0	.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 PLUMB
TYPE II PERMIT NUMBER 290028	TELEPHONE NUMBER (314) 427-8700
EXPIRATION DATE 02/05/2021	

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



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: 13-Apr-2020

**Lot # AG009801 Model 108cadd**

<u>Exp. Date</u> 7-Apr-2022	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.080 ± 0.002 BrAC (208 ppm) Balance
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Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

<u>RGM Serial No.</u> EB0010581	<u>Concentration</u> 392.1 ppm	<u>RGM Serial No.</u> EB0010603	<u>Concentration</u> 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> CC434668	<u>Concentration</u> 800.0 ppm	<u>CRM Serial No.</u> 0056649	<u>Concentration</u> 390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
Date: 2020.04.13 18:38:40 -05:00  
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



**PERMIT**  
**TYPE II**  
**TODD A PLUMB**

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 2/5/2019

NUMBER 290028

EXPIRES 2/5/2021

MO 590-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-1 (06-10)

 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 **PLUMB, TODD**  
Permit No **290028**  
Date Issued **2/5/2019** Date Expires **2/5/2021**

