



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 12855	NAME OF AGENCY Rolla Police Department	DATE OF INSPECTION 07/26/2020
----------------------------	---	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 1007 N. Elm Street Rolla	TIME OF INSPECTION 18:10 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"/> PC 1 TEMP	<input checked="" type="checkbox"/> FLOW CHECK
<input checked="" type="checkbox"/> SRC TEMP	<input checked="" type="checkbox"/> PCB 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# AG911506 EXP. DATE 04/25/2021
<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 = 0.077 g/210L	TEST 2 = 0.077 g/210L	TEST 3 = 0.077 g/210L
-----------------------	-----------------------	-----------------------

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

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

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME GRISHAM, THOMAS
TYPE & PERMIT NUMBER 200001	EXPIRATION DATE 01/02/2022
	TELEPHONE NUMBER ( 573 ) 308-1213

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



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**BLOOD ALCOHOL TEST REPORT - INTOX EC/IR II**

FORM #13

LOCATION OF INSTRUMENT Rolla Police Department 1007 N. Elm Street Rolla	INSTRUMENT SERIAL NO. 12855	DATE OF TEST 08/08/2020	TIME OBSERVATION PERIOD STARTED 00:00	TIME OF TEST 21:22 CDT
SUBJECT NAME SOOTER, COREY L			DATE OF BIRTH 11/07/1981	
SUBJECT DRIVER'S LICENSE NUMBER S001075035			STATE MO	
ARRESTING OFFICER BRAMER, JANA	ARRESTING OFFICER ID 136			
OPERATOR GARMS, MICHAEL	OPERATOR PERMIT 300007	PERMIT EXP. DATE 01/02/2022		
OBSERVER GARMS, MICHAEL	OBSERVER PERMIT 300007	PERMIT EXP. DATE 01/02/2022		

**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: GARMS, MICHAEL  
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	Simpl	Durn	Vol	Time
			#	(sec)	(cc)	
DIAG	Pass	21:23				
PURGE:			1	2.51	887	21:24
BLK	0.000	21:24			PURGE	
SUBJ	0.167	21:25	2	8.89	3294	21:25
PURGE:						
BLK	0.000	21:27				

COMMENTS

**CERTIFICATION BY OPERATOR**

BAC

0.167 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.

SIGNATURE OF OPERATOR

DATE

WITNESS (IF ANY)

DATE