



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
12859

NAME OF AGENCY
Lincoln County SO

DATE OF INSPECTION
02/02/2020

LOCATION OF INSTRUMENT (STREET AND CITY)
65 Business Park Drive Troy

TIME OF INSPECTION
02:17 CST

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 Inc. LOT# AG824102 EXP. DATE 08/29/2020

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 → 0.079 g/210L

TEST 2 → 0.080 g/210L

TEST 3 → 0.080 g/210L

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

REFUSALS	0	0-.04	1	.05-.09	0	.10-.14	0	.15-.19	2	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

Jeffrey Kemp

PRINT FULL NAME

KEMP, JEFFREY

TYPE II PERMIT NUMBER

290197

EXPIRATION DATE

08/29/2021

TELEPHONE NUMBER

(636) 528-8546

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

Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63109
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

Customer Name
Exclusive Supplier
Intodmeters, Inc.
2081 Craig Road
St. Louis, Mo 63148

Test Date: 28-Aug-2018

Lot # AG824102 Model 108cacc

Exp. Date 28-Aug-2020	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 0.080 ± 0.002 BrAC (218 ppm) Balance
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Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	Concentration	Serial No.	Concentration
EB0010681	392.1 ppm	EB0010603	393.0 ppm
EB0010670	269.8 ppm	EB0010659	288.2 ppm
EB0010285	205.0 ppm	EB0010698	208.3 ppm
EB0010661	103.6 ppm	EB0010662	104.2 ppm
EB0010689	62.12 ppm	EB0010679	62.81 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2018.08.28 10:28:28 -0500
Reason: I agree with the result of analysis
Certificate Number: 3082.06

Approved for Release:

Rod Marzala
Rod Marzala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06



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

FORM #13

LOCATION OF INSTRUMENT Lincoln County SO 65 Business Park Drive Troy		INSTRUMENT SERIAL NUMBER 12859	DATE OF TEST 02/02/2020	TIME OF TEST 02:19 CST
SUBJECT NAME NA, NA N			DATE OF BIRTH 01/01/2000	
SEX M	SUBJECT DRIVER'S LICENSE NUMBER 1234567		STATE MO	
ARRESTING OFFICER KEMP, JEFFREY		ARRESTING OFFICER ID 414		
OPERATOR KEMP, JEFFREY		OPERATOR PERMIT 290197	PERMIT EXP DATE 08/29/2021	

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: KEMP, JEFFREY 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	Smpl #	Durn (sec)	Vol (cc)	Time
DIAG	Pass	02:19				
BLK	0.000	02:20	1	3.82	2301	02:20
SUBJ	0.000	02:20				
BLK	0.000	02:21				

COMMENTS

CERTIFICATION BY OPERATOR

BAC

0.000 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.
- 4. No radio transmission occurred inside the room where and when this test was being conducted.

SIGNATURE OF OPERATOR

DATE

WITNESS (IF ANY)

DATE

[Handwritten Signature] 414 2/2/2020



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

2

PERMIT
TYPE II
JEFFREY J KEMP

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 8/9/2017

NUMBER 270154

EXPIRES 8/9/2019

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 KEMP, JEFFREY
 Permit No 270154
 Date Issued 8/9/2017 Date Expires 8/9/2019