



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 06/29/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 65 Business Park Drive Troy	TIME OF INSPECTION 11:16 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"/> <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 Inc.	LOT# AG824102 EXP. DATE 08/29/2020
<input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C)	SIMULATOR S/N	SIMULATOR EXP DATE

<input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b>
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)
<input type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input checked="" 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 → 0.079 g/210L	TEST 2 → 0.079 g/210L	TEST 3 → 0.079 g/210L
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<b>INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:</b>											
REFUSALS	0	0-.04	2	.05-.09	0	.10-.14	0	.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).

MONTHLY MAINTENN MONTHLY MAINTENANCE

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME KEMP, JEFFREY
TYPE II PERMIT NUMBER 290197	TELEPHONE NUMBER ( 636 ) 528-8546
EXPIRATION DATE 08/09/2021	

**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 (AAG)  
 3850 Riverchase Plaza  
 St. Louis, Mo. 63109  
 P: (314) 553-3100  
 Fax: (314) 520-0226

## Certificate of Analysis

Customer Name  
 Exclusive Supplier  
 Inflowmeters, Inc.  
 2081 Craig Road  
 St. Louis, Mo. 63140

Issue Date: 28-Aug-2010

Lot # A0824102 Model 1080cc

Exp. Date  
 30-Aug-2010

Cyl. Type  
 100

Gas Name  
 Oxygen  
 (80/20%)

Standard Deviation (ppm)  
 0.000 ± 0.002 (210 ppm)  
 Balance

Conformity Traceable to N.I.S.T. OIML Mutual Standards

Serial No.	Concentration	Serial No.	Concentration
5190010661	162.1 ppm	5190010661	153.0 ppm
5190010670	789.8 ppm	5190010669	188.7 ppm
5190010689	208.0 ppm	5190010668	208.1 ppm
5190010661	103.6 ppm	5190010667	194.2 ppm
5190010681	42.12 ppm	5190010670	52.81 ppm

Analysis Method: N2O9

Approved for Release:

*Paul M. ...*  
 Paul Mersola

ISO 17025:2005 ABLA Accredited. Certificate Number 1012.08



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 06/29/2020	TIME OF TEST 11:18 CDT
SUBJECT NAME NA, NA N			DATE OF BIRTH 02/02/2000	
SEX M	SUBJECT DRIVER'S LICENSE NUMBER 123456		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	11:18				
BLK	0.000	11:19	1	4.36	2500	11:19
SUBJ	0.000	11:19				
BLK	0.000	11:20				

COMMENTS

SELF TEST

**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

*[Signature]*  
06/29/20

WITNESS (IF ANY)

DATE

*[Signature]*  
06/29/20



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



PERMIT  
TYPE II

JEFFREY J KEMP

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repair 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 8/29/2019

NUMBER 290197

EXPIRES 8/29/2021

NO 560-0771 (8-10)

*Wanda S. ...*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Jeffrey J. Kemp*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-500011

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

**INSTRUMENT OPERATOR CARD**

This permit authorizes the operator to operate the Intox EC/IR II breath alcohol analyzer for the determination of blood alcohol content of expired air in accordance with 306.111 RSMo.

Operator: KEMP, JEFFREY  
Permit No: 290197  
Date issued 8/29/2019 Date Expires 8/29/2021

