



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 07/15/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 65 Business Park Drive Troy	TIME OF INSPECTION 09:32 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# AG824102 EXP. DATE 08/29/2020
<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.

<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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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).

SOFTWARE UPDATE MAINTENA UPDATE BY DOH

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME KEMP, JEFFREY
TYPE II PERMIT NUMBER 290197	TELEPHONE NUMBER (636) 528-8546
EXPIRATION DATE 08/29/2021	

RETURN COMPLETED REPORT TO THE:

Breath Alcohol Program, Missouri Department of Health and Senior Services,
 by mail, fax, or e-mail

Airgas

Airgas USA LLC (LAB)
3200 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 833-3100
Fax: (314) 833-7328

Certificate of Analysis

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo. 63146

Test Date: 29-Aug-2018

Lot # AG824102 Model 108cccd

Exp. Date
29-Aug-2020

Cyl. Type
108

Component
Ethanol
Nitrogen

Certified Concentration
0.080 ± 0.002 BrAC (218 ppm)
Balance

Certification Traceable to N.I.B.T. NOM Ethanol Standards:

Serial No.	Concentration	Serial No.	Concentration
EB0010661	382.1 ppm	EB0010603	393.0 ppm
EB0010670	269.8 ppm	EB0010669	258.7 ppm
EB0010285	205.0 ppm	EB0010998	208.3 ppm
EB0010881	103.6 ppm	EB0010682	104.2 ppm
EB0010681	62.12 ppm	EB0010878	62.81 ppm

Analytical Method: NOM

Intoximeters, Inc. is a member of the
N.I.B.T. Quality Network
Intoximeters, Inc. is a member of the
N.I.B.T. Quality Network

Approved for Release:

Paul Marzula
Paul Marzula

ISO 17025:2005 ABLA 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 NO. 12859	DATE OF TEST 07/15/2020	TIME OBSERVATION PERIOD STARTED 09:30	TIME OF TEST 09:34 CDT
SUBJECT NAME NA, NA N			DATE OF BIRTH 01/01/2000	
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	
OBSERVER KEMP, JEFFREY		OBSERVER 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	09:45				
PURGE			1	5.20	2839	09:46
BLK	0.000	09:45				
SUBJ	0.000	09:46				
PURGE						
BLK	0.000	09:47				

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.

SIGNATURE OF OPERATOR
Jeffrey Kemp

WITNESS (IF ANY)

DATE
7/15/20

DATE



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

MO-MSD-71 (6-19)

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

INSTRUMENT OPERATOR CARD

This instrument is a breathalyzer used to determine the alcohol content of a person's breath. It is used to determine if a person is legally intoxicated. The instrument is used to determine if a person is legally intoxicated. The instrument is used to determine if a person is legally intoxicated.

Operator: **JEFFREY J KEMP**
Permit No: **290197**
State Issued: **8/29/2019** Date Expires: **8/29/2021**

