



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 12/26/2020 |
|----------------------------|-------------------------------------|----------------------------------|

| | |
|---|---------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 65 Business Park Drive Troy | TIME OF INSPECTION 16:09 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.

| | |
|--|--|
| <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 | INTOXIMETERS | LOT# AG016803 |
| | | EXP. DATE 06/16/2022 |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C) | SIM. SN | SIM. NIST EXP DATE |

| |
|---|
| <input checked="" type="checkbox"/> 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 \Rightarrow 0.079 g/210L | TEST 2 \Rightarrow 0.079 g/210L | TEST 3 \Rightarrow 0.079 g/210L |
|-----------------------------------|-----------------------------------|-----------------------------------|

| | | | | | | | | | | | |
|---|---|-------|---|---------|---|---------|---|---------|---|----------|---|
| INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: | | | | | | | | | | | |
| REFUSALS | 3 | 0-.04 | 1 | .05-.09 | 0 | .10-.14 | 2 | .15-.19 | 5 | OVER .19 | 1 |

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 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 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: 17-Jun-2020

Lot # AG016803 Model 108cadd

| | | | |
|---------------------------------|-------------------------|---|---|
| Exp. Date 16-Jun-2022 | Cyl. Type 108 | Component Ethanol Nitrogen | Certified Concentration 0.080 ± 0.002 BrAC (218 ppm) Balance |
|---------------------------------|-------------------------|---|---|

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

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

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2020.06.17 18:07:09 -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



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 12/26/2020 | TIME OBSERVATION PERIOD STARTED 15:45 | TIME OF TEST 16:14 CST |
| SUBJECT NAME NA, NA N | | | DATE OF BIRTH 01/01/2000 | |
| 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 | |
| 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 | 16:14 | | | | |
| PURGE | | | 1 | 5.71 | 2967 | 16:15 |
| BLK | 0.000 | 16:14 | | | | |
| SUBJ | 0.000 | 16:15 | | | | |
| PURGE | | | | | | |
| BLK | 0.000 | 16:16 | | | | |

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:

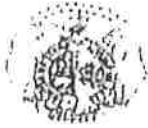
- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.

SIGNATURE OF OPERATOR

DATE

WITNESS (IF ANY)

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**

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

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

MO 546 0771 (8-18)

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

INSTRUMENT OPERATOR CARD

The holder of this card is authorized to operate the following instrument(s) for the determination of the alcoholic content of blood from a sample of expired air.

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

