



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

**RECEIVED**  
By Tracy Crews at 9:28 am, Dec 28, 2020

**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 13044	NAME OF AGENCY Jefferson County Sheriff	DATE OF INSPECTION 12/05/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 955 Windsor Harbor Rd IMPERIAL, MO.		TIME OF INSPECTION 21:11 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"/> <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	

**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# AG912204 EXP. DATE 05/02/2021
<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.

<input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input 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 <sup>g</sup> 0.102 g/210L	TEST 2 <sup>g</sup> 0.102 g/210L	TEST 3 <sup>g</sup> 0.102 g/210L
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**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:**

REFUSALS	1	0-.04	10	.05-.09	1	.10-.14	3	.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).

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME Alexander Kausler
TYPE II PERMIT NUMBER 200129	TELEPHONE NUMBER ( 636 ) 797-5000
EXPIRATION DATE 03/09/2022	

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

AS IV Serial no: 030700  
Version no: 532B

TEST RECORD 00075

Temp Date Time 2101

Air Blank:  
12/09/20 19:30 .000  
Calibration Check:  
24 12/09/20 19:30 .104

Subject Name

Subject I.D.

*Dec '20 Maintenance*

Operator Name, I.D.

*Gamm, 200190*

Location

*Test 1*

AS IV Serial no: 030700  
Version no: 532B

TEST RECORD 00076

Temp Date Time 2101

Air Blank:  
12/09/20 19:32 .000  
Calibration Check:  
25 12/09/20 19:32 .104

Subject Name

Subject I.D.

Operator Name, I.D.

Location

*Test 2*

AS IV Serial no: 030700  
Version no: 532B

TEST RECORD 00077

Temp Date Time 2101

Air Blank:  
12/09/20 19:34 .000  
Calibration Check:  
26 12/09/20 19:34 .104

Subject Name

Subject I.D.

Operator Name, I.D.

Location

*Test 3*

AS IV Serial no: 030700  
Version no: 532B

TEST RECORD 00078

Temp Date Time 2101

VOID: RFI  
12 12/09/20 19:36

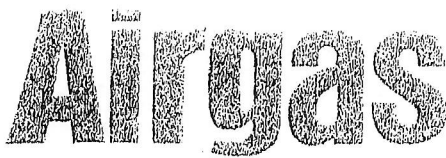
Subject Name

Subject I.D.

Operator Name, I.D.

Location

*RFI*



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: 6-May-2019

**Lot # AG912204 Model 108cacc**

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
2-May-2021	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 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: 2019.05.17 12:35:24 -0500  
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**



**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** : GAMB, NICHOLAS

**Permit No** : 200190

**Date Issued** 6/26/2020    **Date Expires** 6/26/2022

