



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 12826	NAME OF AGENCY Franklin Co Sheriffs Off	DATE OF INSPECTION 10/12/2021			
LOCATION OF INSTRUMENT (STREET AND CITY) #1 Bruns Lane Union, MO		TIME OF INSPECTION 07:16 CDT			
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 checked="" type="checkbox"/> SIMULATOR SOLUTION		<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE			
<input checked="" type="checkbox"/> STANDARD SUPPLIER Guth Lab	LOT# 20190	EXP. DATE 04/06/2022			
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C) 34C +/- .2C	SIM. SN MP3575	SIM. NIST EXP. DATE 03/25/2022			
<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 <u>±5%</u> 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 <input checked="" type="checkbox"/> 0.097 g/210L	TEST 2 <input checked="" type="checkbox"/> 0.097 g/210L	TEST 3 <input checked="" type="checkbox"/> 0.098 g/210L			
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS 1	0-.04 0	.05-.09 1	.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).					
INSPECTING OFFICER					
SIGNATURE ▶ <i>Dep B. Crisler</i>			PRINT FULL NAME ERISMAN, BRANDON		
TYPE II PERMIT NUMBER 200166		EXPIRATION DATE 05/05/2022	TELEPHONE NUMBER (636) 583-2560		
RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services, by mail, fax, or e-mail					

STATE OF MISSOURI)
)
COUNTY OF FRANKLIN) SS

AFFIDAVIT FOR RECORDS

Before me, the undersigned authority personally appeared, Deputy B. Erisman #1223, and upon being duly sworn by me, deposed as follows:

My name is Deputy B. Erisman #1223. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records of Franklin County Sheriff's Office, Intox EC/IR II, S/N 12826. Attached hereto are 3 pages of records from the Franklin County Sheriff's Office for the date of October 12, 2021. These 3 pages of records are kept by the Franklin County Sheriff's Office in the regular course of business, and it is with the regular course of business that an employee or representative to make the record or to transmit information thereof to be included in such record. The records attached hereto are the original or exact duplicates of the original. The records attached hereto represent a complete and exact duplication of any and all original records kept by the Franklin County Sheriff's Office in the regular course of business.

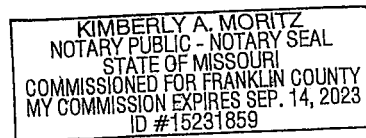
Deputy B. Erisman #1223
Affiant's Name – typed or printed

Dep B. Erisman #1223
Affiant's Signature

In witness whereof, I have hereunto subscribed my name and affixed my official seal this
12th day of October, 2021.

My commission expires: Sep 14 2023

Kimberly A Moritz
Notary Public





GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **20190** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **April 8, 2020**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1206%** (w/vol) ethyl alcohol. The expiration date for this lot number is **April 6, 2022** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 3%**.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN02271802 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



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

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**PERMIT
 TYPE II**

BRANDON ERISMAN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, 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 5/5/2020
 NUMBER 200166
 EXPIRES 5/5/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO.589-0771 (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 ERISMAN, BRANDON
 Permit No 200166
 Date Issued 5/5/2020 Date Expires 5/5/2022