



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 03/06/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 65 Business Park Drive Troy	TIME OF INSPECTION 02:06 CST
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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	INTOXIMETERS
LOT#	AG016803
EXP. DATE	06/16/2022
<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.

0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE

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	6	0-.04	1	.05-.09	1	.10-.14	3	.15-.19	2	OVER .19	1
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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).

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)
3800 Burnside Street
St. Louis, Mo. 63103
Ph: (314) 833-3100
Fax: (314) 833-7328

Certificate of Analysis

Customer Name
Exclusive Supplier
Intodmiers, Inc.
2081 Craig Road
St. Louis, Mo. 63148

Anal Date: 28-Aug-2020

Lot # AG824102 Model 108cscd

Exp. Date
20-Aug-2020

Cyl. Type
108

Component
Ethanol
Nitrogen

Setpoint Concentration
0.080 ± 0.002 N/A/C (218 ppm)
Balance

Certification Traceable to N.I.S.T. RM Ethanol Standards:

Serial No.	Concentration	Serial No.	Concentration
880010661	382.1 ppm	880010601	383.0 ppm
880010670	269.8 ppm	880010609	288.2 ppm
880010287	208.0 ppm	880010692	208.3 ppm
880010661	103.8 ppm	880010602	104.2 ppm
880010681	62.12 ppm	880010678	62.81 ppm

Analytical Method: NDIR

LABORATORY
3800 Burnside Street
St. Louis, MO 63103
Ph: (314) 833-3100
Fax: (314) 833-7328

Approved for Release:

Paul M. Marzola
Paul Marzola

ISO 17025:2005 AILA accredited. Certificate Number 3082.05



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

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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 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAR-4 (R6-11)

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