

**RECEIVED**

By Tracy Crews at 9:33 am, Jul 23, 2021



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 07/10/2021
----------------------------	-------------------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 65 Business Park Drive Troy	TIME OF INSPECTION 23:08 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.

**☒ 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  $\pm 5\%$  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
--------	--------------	--------	--------------	--------	--------------

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:**

REFUSALS	2	0-.04	1	.05-.09	1	.10-.14	0	.15-.19	0	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

Airgas USA LLC (LAB)  
3500 Burnside Street  
St. Louis, Mo 63103  
Ph: (314) 633-3100  
Fax: (314) 633-7328

## Certificate of Analysis

Official Name  
Exclusive Supplier  
Intokneters, Inc.  
2081 Craig Road  
St. Louis, Mo 63140

Anal Date: 28-Aug-2020

Lot # AG824102 Model 108dcd

Exp. Date  
28-Aug-2020

Qty. Yrs  
100

Composition  
1 Manual  
Nitrogen

Concentration (ppm)  
0.080 ± 0.002 Br/AC (210 ppm)  
Balance

Certification Traceable to N.I.S.T. RM Ethanol Standard

Serial No.	Concentration
880010841	382.1 ppm
880010870	268.8 ppm
880010888	208.0 ppm
880010881	105.8 ppm
880010881	42.12 ppm

Serial No.	Concentration
880010803	393.0 ppm
880010848	288.7 ppm
880010898	208.3 ppm
880010842	104.7 ppm
880010878	62.01 ppm

Analytical Method: NMR

Approved for Release:

*[Signature]*  
Rod Marzola

ISO 17025:2005 ASIA accredited. Certificate Number 3042.06



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 07/10/2021	TIME OBSERVATION PERIOD STARTED 22:20	TIME OF TEST 23:09 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	23:10				
PURGE			1	4.40	2333	23:11
BLK	0.000	23:10				
SUBJ	0.000	23:11				
PURGE						
BLK	0.000	23:12				

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

*[Signature]* 414

DATE

7/10/2021

WITNESS (IF ANY)

DATE



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

2

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 section 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)

*W. H. S.*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAR-4 (R6-11)

