



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 08/16/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 65 Business Park Drive Troy	TIME OF INSPECTION 21:27 CDT
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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.

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

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 Bismarck Blvd
 St. Louis, MO 63103
 Ph: (314) 633-3100
 Fax: (314) 633-7328

Certificate of Analysis

Customer Name
 Exclusive Supplier
 Intokneters, Inc.
 2081 Orwig Road
 St. Louis, Mo 63148

Anal Date: 28-Aug-2020

Lot # AG824102 Model 10Board

Exp. Date
 20-Aug-2020

Qty. Used
 100

Component
 1 Minus
 Nitrogen

Certification Requirements
 0.050 ± 0.002 BrAC (218 ppm)
 Balance

Certification Traceable to N.I.S.T. NGA Ethanol Standards

Serial No.	Concentration	Serial No.	Concentration
880010841	382.1 ppm	880010801	373.0 ppm
880010870	289.6 ppm	880010844	288.1 ppm
880010887	205.0 ppm	880010888	208.1 ppm
880010844	103.6 ppm	880010842	104.7 ppm
880010881	62.12 ppm	880010878	62.01 ppm

Analytical Method: NMR

Approved for Release:

Rod Marshall
 Rod Marshall

ISO 17020:2008 ARLA accredited. Certificate Number 3088.03



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 08/16/2021	TIME OBSERVATION PERIOD STARTED 21:00	TIME OF TEST 21:28 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	21:29				
PURGE			1	4.40	2412	21:30
BLK	0.000	21:29				
SUBJ	0.000	21:30				
PURGE						
BLK	0.000	21:31				

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 section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 8/29/2019

NUMBER 290197

EXPIRES 8/29/2021

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 587-0771 (6-10)

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 from an expired air in Missouri.

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

