



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<br>12859 | NAME OF AGENCY<br>Lincoln County SO | DATE OF INSPECTION<br>10/01/2021 |
|----------------------------|-------------------------------------|----------------------------------|

|   |                                 |
|---|---------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>65 Business Park Drive Troy | TIME OF INSPECTION<br>19:44 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"/> <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                |  |

|   |  |                    |                      |
|---|--|--------------------|----------------------|
| <b>BREATH ANALYZER ACCURACY STANDARDS</b>             |  |                    |                      |
| <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 |                      |

|   |
|---|
| <input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b>   |
| 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 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 |
|-----------------------|-----------------------|-----------------------|

|   |   |       |   |         |   |         |   |         |   |          |   |
|---|---|-------|---|---------|---|---------|---|---------|---|----------|---|
| <b>INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:</b> |   |       |   |         |   |         |   |         |   |          |   |
| REFUSALS  | 2 | 0-.04 | 1 | .05-.09 | 0 | .10-.14 | 2 | .15-.19 | 0 | 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).

|                                 |                                      |
|---------------------------------|--------------------------------------|
| <b>INSPECTING OFFICER</b>       |                                      |
| SIGNATURE<br>▶                  | PRINT FULL NAME<br>KEMP, JEFFREY     |
| TYPE II PERMIT NUMBER<br>210185 | TELEPHONE NUMBER<br>( 636 ) 528-8546 |
| EXPIRATION DATE<br>08/24/2023   |                                      |

**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) 630-7320

## Certificate of Analysis

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

Test Date: 20-Aug-2018

Lot # AGB24102 Model 10Board

Exp. Date  
 20-Aug-2020

Qty. Used  
 100

Composition  
 Internal  
 Nitrogen

Certification Requirements  
 0.050 & 0.002 B/C (210 ppm)  
 Balance

Certification Traceable to N.I.S.T. NGA Mutual Standards:

| Serial No. | Concentration | Serial No. | Concentration |
|------------|---------------|------------|---------------|
| 880010821  | 282.1 ppm     | 880010803  | 283.0 ppm     |
| 880010870  | 289.8 ppm     | 880010848  | 288.1 ppm     |
| 880010887  | 285.0 ppm     | 880010888  | 288.3 ppm     |
| 880010884  | 103.8 ppm     | 880010842  | 104.7 ppm     |
| 880010881  | 82.12 ppm     | 880010878  | 82.81 ppm     |

Analytical Method: NMR

Approved for Release:

*Paul Marshall*  
 Paul Marshall

ISO 17020:2005 AS1A accredited. Certificate Number 3048.03



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**BLOOD ALCOHOL TEST REPORT - INTOX EC/IR II**

FORM #13

|  |                                |                             |  |                           |
|--|--------------------------------|-----------------------------|--|---------------------------|
| LOCATION OF INSTRUMENT<br>Lincoln County SO 65 Business Park Drive<br>Troy | INSTRUMENT SERIAL NO.<br>12859 | DATE OF TEST<br>10/01/2021  | TIME OBSERVATION PERIOD STARTED<br>19:00 | TIME OF TEST<br>19:46 CDT |
| SUBJECT NAME<br>NA, NA N   |                                |                             | DATE OF BIRTH<br>01/01/2000              |                           |
| SUBJECT DRIVER'S LICENSE NUMBER<br>1234567                                 |                                |                             | STATE<br>MO                              |                           |
| ARRESTING OFFICER<br>KEMP,JEFFREY  |                                | ARRESTING OFFICER ID<br>414 |  |                           |
| OPERATOR<br>KEMP,JEFFREY   |                                | OPERATOR PERMIT<br>210185   | PERMIT EXP DATE<br>08/24/2023            |                           |
| OBSERVER<br>KEMP,JEFFREY   |                                | OBSERVER PERMIT<br>210185   | PERMIT EXP DATE<br>08/24/2023            |                           |

**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   | 19:46 |        |            |          |       |
| PURGE |        |       | 1      | 3.68       | 2170     | 19:47 |
| BLK   | 0.000  | 19:46 |        |            |          |       |
| SUBJ  | 0.000  | 19:47 |        |            |          |       |
| PURGE |        |       |        |            |          |       |
| BLK   | 0.000  | 19:48 |        |            |          |       |

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<br> | DATE<br>10/01/2021 |
| 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 repairs, 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 8/24/2021

NUMBER 210185

EXPIRES 8/24/2023

*Laura Q. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Rob Kemp*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES