



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 12/21/2021 |
|----------------------------|-------------------------------------|----------------------------------|

| | |
|---|---------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 65 Business Park Drive Troy | TIME OF INSPECTION 20:14 CST |
|---|---------------------------------|

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 ¹⁵ 0.079 g/210L | TEST 2 ¹⁵ 0.079 g/210L | TEST 3 ¹⁵ 0.079 g/210L |
|-----------------------------------|-----------------------------------|-----------------------------------|

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

| | | | | | | | | | | | |
|----------|---|-------|---|---------|---|---------|---|---------|---|----------|---|
| REFUSALS | 0 | 0-.04 | 1 | .05-.09 | 0 | .10-.14 | 1 | .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 OF PERMIT NUMBER 210185 | EXPIRATION DATE 08/24/2023 |
| | TELEPHONE NUMBER (636) 528-8546 |

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)
 1600 Burnside Blvd
 St. Louis, MO 63103
 PH: (314) 633-3100
 Fax: (314) 633-7328

Certificate of Analysis

Customer Name
 Exclusive Supplier
 Intokastere, Inc.
 2081 Ordy Road
 St. Louis, Mo 63148

Print Date: 28-Aug-2020

Lot # AG824102 Model 1080acd

Exp. Date
 20-AUG-2020

Qty. Used
 100

Composition
 100% Nitrogen

Standard Impurity Allowance
 0.050 + 0.002 B/A/C (210 ppm)
 Balance

Concentration Traceable to N.I.S.T. 8024 Ethanol Blend Standard

| Serial No. | Concentration | Serial No. | Concentration |
|------------|---------------|------------|---------------|
| 880010801 | 282.1 ppm | 880010801 | 283.0 ppm |
| 880010802 | 280.8 ppm | 880010802 | 286.8 ppm |
| 880010803 | 285.0 ppm | 880010803 | 288.5 ppm |
| 880010804 | 195.8 ppm | 880010804 | 194.7 ppm |
| 880010805 | 82.12 ppm | 880010805 | 82.05 ppm |

Analytical Method: N/A

Approved for Release:

[Signature]
 Rod Marzala

ISO 17025:2005 ARLA Accredited. Certificate Number 5082.03



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 12/21/2021 | TIME OBSERVATION PERIOD STARTED 19:45 | TIME OF TEST 20:16 CST |
| SUBJECT NAME NA, NA N | | | DATE OF BIRTH 01/01/2000 | |
| SUBJECT DRIVER'S LICENSE NUMBER 123456 | | | STATE MO | |
| ARRESTING OFFICER KEMP,JEFFREY | ARRESTING OFFICER ID 414 | | | |
| OPERATOR KEMP,JEFFREY | OPERATOR PERMIT 210185 | PERMIT EXP DATE 08/24/2023 | | |
| OBSERVER KEMP,JEFFREY | OBSERVER PERMIT 210185 | PERMIT EXP DATE 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 | 20:17 | | | | |
| PURGE | | | 1 | 3.63 | 2230 | 20:18 |
| BLK | 0.000 | 20:17 | | | | |
| SUBJ | 0.000 | 20:18 | | | | |
| PURGE | | | | | | |
| BLK | 0.000 | 20:19 | | | | |

COMMENTS

CERTIFICATION BY OPERATOR

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:

BAC

0.000 g/210L

- 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

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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 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. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Rob Kuehl

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES