



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 12687 | NAME OF AGENCY SPRINGFIELD POLICE DEPT. | DATE OF INSPECTION 01/03/2022 |
|----------------------------|--------------------------------------------|----------------------------------|

| | |
|--------------------------------------------------------------------------------------|---------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 1000 N BOONVILLE GC JAIL SPRINGFIELD, MO | TIME OF INSPECTION 08:49 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# AG023902 | EXP. DATE 08/26/2022 |
| <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.

| |
|----------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE |
| <input 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 0.100 g/210L | TEST 2 0.100 g/210L | TEST 3 0.100 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 | 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).

| | |
|---------------------------------|--------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE | PRINT FULL NAME KAUFMAN, BENJAMIN |
| TYPE II PERMIT NUMBER 200228 | TELEPHONE NUMBER (417) 864-1810 |
| EXPIRATION DATE 08/18/2022 | |

RETURN COMPLETED REPORT TO THE:
Breath Alcohol Program, Missouri Department of Health and Senior Services,
by mail, fax, or e-mail



Airgas USA LLC (LAB)
 3500 Bernard Street
 St. Louis, Mo. 63103
 Ph: (314) 533-3100
 Fax: (314) 533-7328



Certificate of Analysis

Customer Name
 Exclusive Supplier
 Intoximeters, Inc.
 2081 Craig Road
 St. Louis, Mo 63146

Test Date: 27-Aug-2020

Lot # AG023902 Model 108cacd

| | | | |
|----------------------------------------|--------------------------------|------------------------------------------------|-------------------------------------------------------------------------------|
| <u>Exp. Date</u> 26-Aug-2022 | <u>Cyl. Type</u> 108 | <u>Component</u> Ethanol Nitrogen | <u>Certified Concentration</u> 0.100 ± 2% BrAC (272 ppm) Balance |
|----------------------------------------|--------------------------------|------------------------------------------------|-------------------------------------------------------------------------------|

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

| | | | |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <u>RGM Serial No.</u> EB0010581 EB0010570 EB0010285 EB0010561 EB0010681 | <u>Concentration</u> 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm | <u>RGM Serial No.</u> EB0010603 EB0010559 EB0010595 EB0010562 EB0010579 | <u>Concentration</u> 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm |
| <u>CRM Serial No.</u> CC434668 CC234503 | <u>Concentration</u> 800.0 ppm 253.0 ppm | <u>CRM Serial No.</u> 0056649 0056662 | <u>Concentration</u> 390.1 ppm 150.2 ppm |

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2020.08.27 19:06:48 -05:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Approved for Release: _____

Rod Marsala

 Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



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

2

PERMIT
TYPE II

BENJAMIN R. KAUFMAN

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 8/18/2020

NUMBER 200228

EXPIRES 8/18/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 KAUFMAN, BENJAMIN
Permit No 200228
Date Issued 8/18/2020 Date Expires 8/18/2022