



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 12814	NAME OF AGENCY MARYLAND HEIGHTS POLICE	DATE OF INSPECTION 05/29/2022																																																		
LOCATION OF INSTRUMENT (STREET AND CITY) 11911 DORSETT RD MARYLAND HEIGHTS		TIME OF INSPECTION 16:08 CDT																																																		
<p>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.</p> <p><input checked="" type="checkbox"/> DIAGNOSTIC RECORD</p> <table border="1"> <tr> <td><input checked="" type="checkbox"/> BLANK CHECK</td> <td><input checked="" type="checkbox"/> CO2 CHECK</td> </tr> <tr> <td><input checked="" type="checkbox"/> FC 1 TEMP</td> <td><input checked="" type="checkbox"/> FLOW CHECK</td> </tr> <tr> <td><input checked="" type="checkbox"/> SRC TEMP</td> <td><input checked="" type="checkbox"/> FCB CHECK</td> </tr> <tr> <td><input checked="" type="checkbox"/> DET TEMP</td> <td><input checked="" type="checkbox"/> CRC COMP CHECK</td> </tr> <tr> <td><input checked="" type="checkbox"/> BT TEMP</td> <td><input checked="" type="checkbox"/> CRC CAL CHECK</td> </tr> <tr> <td><input checked="" type="checkbox"/> STD 2 TEMP</td> <td><input checked="" type="checkbox"/> PRINT TEST</td> </tr> <tr> <td><input checked="" type="checkbox"/> ETH CHECK</td> <td></td> </tr> </table> <p>BREATH ANALYZER ACCURACY STANDARDS</p> <table border="1"> <tr> <td><input type="checkbox"/> SIMULATOR SOLUTION</td> <td><input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE</td> </tr> <tr> <td><input checked="" type="checkbox"/> STANDARD SUPPLIER</td> <td>INTOXIMETERS, INC</td> </tr> <tr> <td></td> <td>LOT# AG028703</td> </tr> <tr> <td></td> <td>EXP. DATE 10/13/2022</td> </tr> <tr> <td><input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C)</td> <td>SIM. SN</td> </tr> <tr> <td></td> <td>SIM. NIST EXP DATE</td> </tr> </table> <p><input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</p> <p>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.</p> <table border="1"> <tr> <td><input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</td> </tr> <tr> <td><input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</td> </tr> <tr> <td><input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</td> </tr> </table> <table border="1"> <tr> <td>TEST 1 ³⁹ 0.100 g/210L</td> <td>TEST 2 ³⁹ 0.100 g/210L</td> <td>TEST 3 ³⁹ 0.100 g/210L</td> </tr> </table> <p>INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:</p> <table border="1"> <tr> <td>REFUSALS</td> <td>0</td> <td>0-.04</td> <td>0</td> <td>.05-.09</td> <td>0</td> <td>.10-.14</td> <td>1</td> <td>.15-.19</td> <td>0</td> <td>OVER .19</td> <td>0</td> </tr> </table> <p>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).</p> <p>INSPECTING OFFICER</p> <table border="1"> <tr> <td>SIGNATURE <i>Lee Johnson</i></td> <td>PRINT FULL NAME LEE JOHNSON</td> </tr> <tr> <td>TYPE II PERMIT NUMBER 220132</td> <td>TELEPHONE NUMBER (314) 298-8700</td> </tr> <tr> <td>EXPIRATION DATE 05/11/2024</td> <td></td> </tr> </table> <p>RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services, by mail, fax, or e-mail</p>			<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		<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE	<input checked="" type="checkbox"/> STANDARD SUPPLIER	INTOXIMETERS, INC		LOT# AG028703		EXP. DATE 10/13/2022	<input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C)	SIM. SN		SIM. NIST EXP DATE	<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 ³⁹ 0.100 g/210L	TEST 2 ³⁹ 0.100 g/210L	TEST 3 ³⁹ 0.100 g/210L	REFUSALS	0	0-.04	0	.05-.09	0	.10-.14	1	.15-.19	0	OVER .19	0	SIGNATURE <i>Lee Johnson</i>	PRINT FULL NAME LEE JOHNSON	TYPE II PERMIT NUMBER 220132	TELEPHONE NUMBER (314) 298-8700	EXPIRATION DATE 05/11/2024	
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ELIR II
012814
tank # 011

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: 14-Oct-2020

Lot # AG028703 Model 108cadd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
13-Oct-2022	108	Ethanol Nitrogen	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>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2020.10.14 18:22:45 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Approved for Release:

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

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PERMIT
TYPE II
LEE JOHNSON

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 5/11/2022

Laura Q. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220132

EXPIRES 5/11/2024

Paula J. Nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-12)

LAB-4 (16-10)

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 JOHNSON, LEE
Permit No 220132
Date Issued 5/11/2022 Date Expires 5/11/2024

