



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 01/24/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 65 Business Park Drive Troy	TIME OF INSPECTION 01:15 CST
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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.

<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.

<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
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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	0	.15-.19	0	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 210185	TELEPHONE NUMBER (636) 528-8546
EXPIRATION DATE 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)
 2500 Burnside Street
 St. Louis, Mo 63103
 Ph: (314) 653-3100
 Fax: (314) 638-1328

Certificate of Analysis

Subsidiary Name
 Exclusive Supplier
 Intoximeters, Inc.
 2081 Craig Road
 St. Louis, Mo 63148

Test Date: 28-Aug-2020

Lot # AG824102 Model 1080acd

Exp. Date
 20-AUG-2020

Qty. Test
 100

Composition
 1% Nitrous
 Nitrogen

Standard Range (ppm)
 0.050 - 11.002 NAC (210 ppm)
 Nitroce

Classification Traceable to N.I.S.T. Reference Standards:

Serial No.
 N80010801
 N80010802
 N80010803
 N80010804
 N80010805

Concentration
 382.1 ppm
 289.6 ppm
 205.0 ppm
 103.6 ppm
 82.12 ppm

Serial No.
 N80010801
 N80010802
 N80010803
 N80010804
 N80010805

Concentration
 373.0 ppm
 288.8 ppm
 205.1 ppm
 104.2 ppm
 82.01 ppm

Analytical Method:

None

Approved for Release:

[Signature]
 Rod Marzala

ISO 17025:2005 AILA accredited. Certificate Number 5002.03



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 01/24/2022	TIME OBSERVATION PERIOD STARTED 00:50	TIME OF TEST 01:17 CST
SUBJECT NAME NA, NA N			DATE OF BIRTH 01/01/2000	
SUBJECT DRIVER'S LICENSE NUMBER 1234556			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	01:17				
PURGE			1	3.57	2081	01:18
BLK	0.000	01:18				
SUBJ	0.000	01:18				
PURGE						
BLK	0.000	01:19				

COMMENTS
 SELF TEST

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:

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.

BAC
0.000 g/210L

SIGNATURE OF OPERATOR 	DATE 1/24/22
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

Jeffrey J. Kemp

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES