



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 05/13/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 65 Business Park Drive Troy	TIME OF INSPECTION 19:50 CDT
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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	2	0-.04	1	.05-.09	2	.10-.14	0	.15-.19	2	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	TELEPHONE NUMBER
210185	(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)
 3500 Burners Street
 St. Louis, MO 63103
 Ph: (314) 653-3100
 Fax: (314) 633-7326

Certificate of Analysis

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

Issued Date: 26-Aug-2020

Lot # AG824102 Model 1080acd

Exp. Date
 20-AUG-2021

Qty. Issued
 100

Manufacturer
 Intokastars

Customer Requirements
 0.050 ± 0.002 H/C (210 ppm)
 Balance

Characteristics Yields are based on A.S.T.M. Standard Standards:

Serial No.
 810010001
 810010002
 810010003
 810010004
 810010005

Concentration
 282.1 ppm
 280.8 ppm
 280.0 ppm
 278.8 ppm
 277.12 ppm

Serial No.
 810010001
 810010002
 810010003
 810010004
 810010005

Concentration
 283.0 ppm
 280.8 ppm
 280.1 ppm
 278.2 ppm
 276.8 ppm

Analytical Method:

GC/MS

Approved for Release:

Rod Marshall
 Rod Marshall

ISO 17025:2005 ARLA accredited. Certificate Number 3082.05



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 05/13/2022	TIME OBSERVATION PERIOD STARTED 19:30	TIME OF TEST 19:52 CDT
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	19:52				
PURGE			1	3.42	2105	19:54
BLK	0.000	19:53				
SUBJ	0.000	19:54				
PURGE						
BLK	0.000	19:54				

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
[Handwritten Signature]

DATE
5/13/2022

WITNESS (IF ANY)

[Handwritten Signature]
DATE
N/A



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 A. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Rob Kemp

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES