



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

RECEIVED
 By Carol Day at 11:21 am, Feb 11, 2014

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 12680 | NAME OF AGENCY SLMPD BAT VAN | DATE OF INSPECTION 02/03/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 4213 GIBSON ST LOUIS | | TIME OF INSPECTION 13:20 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.

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# | AG400603 | EXP. DATE | 01/06/2016 |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C) | SIMULATOR S/N | SIMULATOR 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. (PRINTOUT ATTACHED)

| |
|--|
| <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 → 0.080 g/210L | TEST 2 → 0.080 g/210L | TEST 3 → 0.080 g/210L |
|-----------------------|-----------------------|-----------------------|

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

| | | | | | | | | | | | |
|----------|---|-------|---|---------|---|---------|---|---------|---|----------|---|
| REFUSALS | 4 | 0-.04 | 0 | .05-.09 | 1 | .10-.14 | 2 | .15-.19 | 2 | OVER .19 | 6 |
|----------|---|-------|---|---------|---|---------|---|---------|---|----------|---|

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 ▶ <i>Scott Christian</i> | PRINT FULL NAME CHRISTIAN, SCOTT |
| TYPE II PERMIT NUMBER 230260 | TELEPHONE NUMBER (314) 444-5345 |
| EXPIRATION DATE 11/26/2015 | |

RETURN COMPLETED REPORT TO THE:
 Breath Alcohol Program, Missouri Department of Health and Senior Services,
 Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901



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

Certificate of Analysis

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

Test Date: 6-Jan-2014

Lot # AG400603

Exp. Date
6-Jan-2016

Cyl. Type
108

Component
Ethanol
Nitrogen

Certified Concentration
0.080 ± 0.002 BrAC (218 ppm)
Balance

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

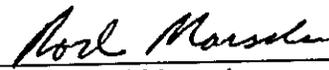
| <u>Serial No.</u> | <u>Concentration</u> |
|-------------------|----------------------|
| EB0010581 | 391.8 ppm |
| EB0010570 | 259.8 ppm |
| EB0010285 | 209.0 ppm |
| EB0010561 | 103.7 ppm |
| EB0010681 | 52.22 ppm |

| <u>Serial No.</u> | <u>Concentration</u> |
|-------------------|----------------------|
| EB0010603 | 392.5 ppm |
| EB0010559 | 258.9 ppm |
| EB0010595 | 208.9 ppm |
| EB0010562 | 104.9 ppm |
| EB0010579 | 52.94 ppm |

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2014.01.06 14:54:15 -06:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Analyst: _____


Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01