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

RECEIVED
By Carol Day at 1:56 pm, Mar 14, 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	NAME OF AGENCY	DATE OF INSPECTION
12685	SPRINGFIELD PD (GC JAIL)	03/07/2014
LOCATION OF INSTRUMENT (STREET AND CITY)		**TIME OF INSPECTION**
1000 N BOONVILLE SPRINGFIELD, MO. 65802		12:53 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.

[X] DIAGNOSTIC RECORD

[X] BLANK CHECK	[X] CO2 CHECK
[X] FC 1 TEMP	[X] FLOW CHECK
[X] SRC TEMP	[X] FCB CHECK
[X] DET TEMP	[X] CRC COMP CHECK
[X] BT TEMP	[X] CRC CAL CHECK
[X] STD 2 TEMP	[X] PRINT TEST
[X] ETH CHECK	

BREATH ANALYZER ACCURACY STANDARDS

[ ] SIMULATOR SOLUTION [X] COMPRESSED ETHANOL-GAS MIXTURE

[X] STANDARD SUPPLIER INTOXIMETERS LOT# AG322402 EXP. DATE 08/12/2015

[ ] SIMULATOR TEMP (34°C ±0.2°C)	SIMULATOR S/N	SIMULATOR EXP DATE

[X] 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)

- [X] 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
- [ ] 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
- [ ] 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 ☞ 0.098 g/210L	TEST 2 ☞ 0.098 g/210L	TEST 3 ☞ 0.098 g/210L

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

REFUSALS 0	0-.04 0	.05-.09 2	.10-.14 4	.15-.19 1	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
► Brian Reeves 1032	REEVES, BRIAN
TYPE II PERMIT NUMBER / **EXPIRATION DATE**	**TELEPHONE NUMBER**
230192 / 09/04/2015	( )

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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

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: 13-Aug-2013

Lot # AG322402

Exp. Date	Cyl. Type	Component	Certified Concentration
12-Aug-2015	108	Ethanol	0.100 ± 2% BrAC (272 ppm)
		Nitrogen	Balance

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

Serial No.	Concentration	Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2013.08.13 14:31:53 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Analyst: Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

2

PERMIT

TYPE II

BRIAN O REEVES

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 9/4/2013

NUMBER 230192

EXPIRES 9/4/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Gail Vasterling ,acting director

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 REEVES, BRIAN
Permit No 230192
Date Issued 9/4/2013 **Date Expires** 9/4/2015

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

INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

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INTOX EC/IR II SN	NAME OF AGENCY	DATE OF INSPECTION
12687	SPRINGFIELD POLICE DEPT.	03/07/2014

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
1010 N BOONVILLE SPRINGFIELD	12:52 CST

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BREATH ANALYZER ACCURACY STANDARDS

[ ] SIMULATOR SOLUTION	[X] COMPRESSED ETHANOL-GAS MIXTURE

[X] STANDARD SUPPLIER AIRGAS LOT# AG322402 EXP. DATE 08/12/2015

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SIGNATURE	PRINT FULL NAME
► B Reeves 1032	REEVES, BRIAN

TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
230192	09/04/2015	( )

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Ph: (314) 533-3100
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