



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
 BREATH ALCOHOL PROGRAM  
 INTOX EC/IR II MAINTENANCE REPORT

RECEIVED

By Carol Day at 1:46 pm, Apr 01, 2014

Complete this report at the time of the regular monthly preventive maintenance check (or more often if required by the manufacturer's instructions). 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<br>12693 | NAME OF AGENCY<br>New Haven PD | DATE OF INSPECTION<br>03/27/2014 |
|----------------------------|--------------------------------|----------------------------------|

|   |                                 |
|---|---------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>1100 Olive St City of New Haven | TIME OF INSPECTION<br>17:41 CDT |
|---|---------------------------------|

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# AG329701 EXP. DATE 10/24/2015                    |
| <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)

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 → 0.101 g/210L | TEST 2 → 0.101 g/210L | TEST 3 → 0.101 g/210L |
|-----------------------|-----------------------|-----------------------|

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

|          |   |       |   |         |   |         |   |         |   |          |   |
|----------|---|-------|---|---------|---|---------|---|---------|---|----------|---|
| REFUSALS | 0 | 0-.04 | 0 | .05-.09 | 0 | .10-.14 | 0 | .15-.19 | 0 | 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).

SOFTWARE UPGRADE

|                                |                                      |
|--------------------------------|--------------------------------------|
| INSPECTING OFFICER             |                                      |
| SIGNATURE<br>                  | PRINT FULL NAME<br>DAVID T BURKE     |
| TYPE & PERMIT NUMBER<br>230281 | EXPIRATION DATE<br>11/26/2015        |
|                                | TELEPHONE NUMBER<br>( 573 ) 237-2211 |

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: 29-Oct-2013

Lot # AG329701

| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u>    | <u>Certified Concentration</u>       |
|------------------|------------------|---------------------|--------------------------------------|
| 24-Oct-2015      | 108              | Ethanol<br>Nitrogen | 0.100 ± 2% BrAC (272 ppm)<br>Balance |

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

| <u>Serial No.</u> | <u>Concentration</u> | <u>Serial No.</u> | <u>Concentration</u> |
|-------------------|----------------------|-------------------|----------------------|
| 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: 2013.10.29 17:18:38 -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



**PERMIT  
TYPE II**

**DAVID T BURKE**

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**DATAMASTER, 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 11/26/2013

NUMBER 230281

EXPIRES 11/26/2015

MO 680-0771 (8-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAD-4 (718-10)

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 BURKE, DAVID  
Permit No 230281  
Date Issued 11/26/2013 Date Expires 11/26/2015