



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

**RECEIVED**  
By Carol Day at 1:34 pm, Dec 23, 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 12696	NAME OF AGENCY TOWN AND COUNTRY PD	DATE OF INSPECTION 12/14/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 1011 Municipal Ctr. Dr. Town and Country	TIME OF INSPECTION 19:05 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"/> <b>DIAGNOSTIC RECORD</b>	
<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# AG419702 EXP. DATE 07/16/2016
<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)

- 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 0.036% AND 0.042% INCLUSIVE

TEST 1	TEST 2	TEST 3
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**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:**

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

Maintenance Test Failed

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME MOORE, CHRIS
TYPE OF PERMITS NUMBER 230292	TELEPHONE NUMBER ( 314 ) 432-4697
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 (L.A.E.)  
 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:** 7-Nov-2014

Lot # AG430901

<b><u>Exp. Date</u></b> 5-Nov-2016	<b><u>Cyl. Type</u></b> 108	<b><u>Component</u></b> Ethanol Nitrogen	<b><u>Certified Concentration</u></b> 0,100 ± 2% BrAC (272 ppm) Balance
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Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<b><u>Serial No.</u></b>	<b><u>Concentration</u></b>	<b><u>Serial No.</u></b>	<b><u>Concentration</u></b>
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: 2014.11.07 12:31:56 -08:00  
 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

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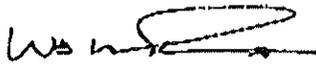
**PERMIT**  
**TYPE II**  
**CHRIS MOORE**

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 230292  
 EXPIRES 11/26/2015

  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
*Gal Vosterly*  
 , acting director  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 585-0771 (8-10)

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 MOORE, CHRIS  
 Permit No 230292  
 Date issued 11/26/2013 Date Expires 11/26/2015

INTOX EC/ER-II: Maintenance Test

TOWN AND COUNTRY PD 1011 Municipal Ctr. Dr. Town and Country  
Serial Number: 012696 Test Number: 483  
Test Date: 12/14/2014 Test Time: 19:00 CST  
Operator's Name: MOORE, CHRIS  
Operator's Permit #: 230292  
Permit Expiration Date: 11/26/2015  
Agency Name: TOWN AND COUNTRY PD  
Address: 1011 Municipal Ctr. Dr.  
City: Town and Country  
Agency Telephone Number: 314-432-4697  
Standard Supplier: INTOXIMETERS  
Simulator Temperature: N/A  
Simulator Expiration Date: 00/00/0000

Dry Gas Target: 0.100  
Lot Number: AG419702 Tank Number: 27 Exp Date: 07/16/2016  
Tank Pressure: 2 psi Barometric Pressure: 742 mmHg  
System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	19:00
FLO	Pass	19:00
FC	Pass	19:01

Temperature Tests

Test	Status	Time
BA	Pass	19:01
BR	Pass	19:01
DT	Pass	19:01
SC	Pass	19:01
BT	Pass	19:01
F1	Pass	19:01
S2	Pass	19:01

Printer Tests

Test	Status	Time
PRNT	Pass	19:01

CRC Tests

Test	Status	Time
COMP	Pass	19:01
CAL	Pass	19:01

Test Sequence

Test	g/210L	Time
BLK	0.000	19:01
CHK	0.101	19:02
BLK	0.000	19:03
CHK	0.000	19:04

Standard out of range

# SRO Work Order Report

## Intoximeters

Experience • Service • Integrity

12/17/2014 1:21:49 PM

SRO: SRO-006409



Description: EC2 DRAINED TANK AGAIN

SRO Type: REPAIR

Customer: C000MOTOWO

Ship Via: CPU

Phone: 314-432-4697

Del Terms:

Contact: Mike DeFoe

FOB: N/A

Ship To: 1

Cust PO: Warranty-Purchase

Ship to Address

Customer Shp Account:

Town & Country Police Dept  
Customer Pickup by: Mike DeFoe  
St. Louis MO 63146  
USA

Description: EC/IR II(F210-04)WET/DRY MISSOURI

Unit: 18012696

Line: 1

Item: 18-0760-00

Qty: 1.00

UM: EA

Operation: 10 Operation Code: REPAIR Repair

General Reason: EC2 Mech ECIR II Mechanical or Physical Specific Reason: Dry Gas Dry Gas Leak Lk

Unit was here in August for same problem, we tightened fittings and leak checked 24 hours. Small leak is back

General Resolution: Dry Gas Leak Specific Resolution: Dry Gas Leak

Checked unit with helium leak check on arrival but found no obvious leak. We decided to replace gas solenoid and locktite both pressure fittings at regulator and solenoid. Unit passed another helium check and 24 hr. pressure check measuring exactly the same pressures. instrument calibrated to factory specifications

Parts	Seq	Qty	UM	Item	Description
		1.00	EA	27-6630-00	MECH SOLENOID DYNAMCO D1X295-2