



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

**RECEIVED**  
 By Carol Day at 9:53 am, Feb 03, 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 12697	NAME OF AGENCY Foristell Police Depart	DATE OF INSPECTION 01/29/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 30 First Street Foristell, Mo 63348		TIME OF INSPECTION 18:54 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.

<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	

<b>BREATH ANALYZER ACCURACY STANDARDS</b>		
<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE	
<input checked="" type="checkbox"/> STANDARD SUPPLIER Intox	LOT# AG326802	EXP. DATE 09/25/2015
<input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C)	SIMULATOR S/N	SIMULATOR EXP DATE

<input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b>
Run three tests using a standard solution. All three tests must be within <u>+5%</u> 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 <sup>US</sup> 0.080 g/210L	TEST 2 <sup>US</sup> 0.079 g/210L	TEST 3 <sup>US</sup> 0.079 g/210L
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<b>INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:</b>											
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).

Instrument moved

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME POOLE, JEANNETTE
TYPE II PERMIT NUMBER 230295	EXPIRATION DATE 11/26/2015
	TELEPHONE NUMBER (636) 463 2123

**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:** 26-Sep-2013

**Lot #** AG326802

**Exp. Date**

25-Sep-2015

**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:**

**Serial No.**

EB0010581

EB0010570

EB0010285

EB0010561

EB0010681

**Concentration**

391.8 ppm

259.8 ppm

209.0 ppm

103.7 ppm

52.22 ppm

**Serial No.**

EB0010603

EB0010559

EB0010595

EB0010562

EB0010579

**Concentration**

392.5 ppm

258.9 ppm

208.9 ppm

104.9 ppm

52.94 ppm

**Analytical Method:**

NDIR

Digitally signed by Quality Control  
Date: 2013.09.26 13:14:36 -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**