



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

INTOX EC/IR II MAINTENANCE REPORT

received 10/14/14 REPORT #3

Complete this report at the time of the regular monthly preventive maintenance check (not days). Complete this report whenever the instrument is serviced or repaired and whenever it is returned into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX EC/IR II SN 12707	NAME OF AGENCY Blue Springs Police Dept	DATE OF INSPECTION 10/04/2014																																												
LOCATION OF INSTRUMENT (STREET AND CITY) 1304 W. MAIN ST. Blue Springs, MO. 64015		TIME OF INSPECTION 20:37 CDT																																												
<p>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.</p> <p><input checked="" type="checkbox"/> DIAGNOSTIC RECORD</p> <table border="1"> <tr> <td><input checked="" type="checkbox"/> BLANK CHECK</td> <td><input checked="" type="checkbox"/> CO2 CHECK</td> </tr> <tr> <td><input checked="" type="checkbox"/> FC 1 TEMP</td> <td><input checked="" type="checkbox"/> FLOW CHECK</td> </tr> <tr> <td><input checked="" type="checkbox"/> SRC TEMP</td> <td><input checked="" type="checkbox"/> FCB CHECK</td> </tr> <tr> <td><input checked="" type="checkbox"/> DET TEMP</td> <td><input checked="" type="checkbox"/> CRC COMP CHECK</td> </tr> <tr> <td><input checked="" type="checkbox"/> BT TEMP</td> <td><input checked="" type="checkbox"/> CRC CAL CHECK</td> </tr> <tr> <td><input checked="" type="checkbox"/> STD 2 TEMP</td> <td><input checked="" type="checkbox"/> PRINT TEST</td> </tr> <tr> <td><input checked="" type="checkbox"/> ETH CHECK</td> <td></td> </tr> </table> <p>BREATH ANALYZER ACCURACY STANDARDS</p> <table border="1"> <tr> <td><input type="checkbox"/> SIMULATOR SOLUTION</td> <td><input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE</td> </tr> <tr> <td><input checked="" type="checkbox"/> STANDARD SUPPLIER Intoximeters</td> <td>LOT# AG322402 EXP. DATE 08/12/2015</td> </tr> <tr> <td><input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C)</td> <td>SIMULATOR S/N SIMULATOR EXP DATE</td> </tr> </table> <p><input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</p> <p>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)</p> <table border="1"> <tr> <td><input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</td> </tr> <tr> <td><input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</td> </tr> <tr> <td><input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</td> </tr> </table> <table border="1"> <tr> <td>TEST 1 @ 0.100 g/210L</td> <td>TEST 2 @ 0.100 g/210L</td> <td>TEST 3 @ 0.100 g/210L</td> </tr> </table> <p>INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:</p> <table border="1"> <tr> <td>REFUSALS</td> <td>0</td> <td>0-.04</td> <td>0</td> <td>.05-.09</td> <td>0</td> <td>.10-.14</td> <td>0</td> <td>.15-.19</td> <td>0</td> <td>OVER .19</td> <td>0</td> </tr> </table> <p>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).</p> <p>INSPECTING OFFICER</p> <table border="1"> <tr> <td>SIGNATURE ▶ <i>R.W. Gondran</i></td> <td>PRINT FULL NAME GONDRAN, RONALD</td> </tr> <tr> <td>TYPE II PERMIT NUMBER 230185</td> <td>TELEPHONE NUMBER (816) 228-0151</td> </tr> <tr> <td>EXPIRATION DATE 09/04/2015</td> <td></td> </tr> </table> <p>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</p>			<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		<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE	<input checked="" type="checkbox"/> STANDARD SUPPLIER Intoximeters	LOT# AG322402 EXP. DATE 08/12/2015	<input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C)	SIMULATOR S/N SIMULATOR EXP DATE	<input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	<input 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 @ 0.100 g/210L	TEST 2 @ 0.100 g/210L	TEST 3 @ 0.100 g/210L	REFUSALS	0	0-.04	0	.05-.09	0	.10-.14	0	.15-.19	0	OVER .19	0	SIGNATURE ▶ <i>R.W. Gondran</i>	PRINT FULL NAME GONDRAN, RONALD	TYPE II PERMIT NUMBER 230185	TELEPHONE NUMBER (816) 228-0151	EXPIRATION DATE 09/04/2015	
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REVIEWED
By Carol Day at 12:24 pm, Oct 28, 2014



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

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
12-Aug-2015	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) 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: 2013.08.13 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