



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

RECEIVED
By Carol Day at 7:59 am, Oct 30, 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 12830	NAME OF AGENCY Raymore P.D.	DATE OF INSPECTION 10/25/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 100 Municipal Cir. Raymore	TIME OF INSPECTION 03:47 CDT
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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"/> 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 checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE

<input checked="" type="checkbox"/> STANDARD SUPPLIER	Guth Laboratories	LOT# 14030	EXP. DATE 01/20/2016
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<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C +0.2°C) 34°C +/- .2°	SIMULATOR S/N SD2256	SIMULATOR EXP DATE 04/22/2015
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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 $\pm 5\%$ 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	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 GIACONE, JOSHUA
TYPE II PERMIT NUMBER 240201	EXPIRATION DATE 04/30/2016
	TELEPHONE NUMBER (816) 331-0530

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



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14030 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 22, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1215% (w/vol) ethyl alcohol. The expiration date for this lot number is January 20, 2016 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

Intox EC/IR-II: Maintenance Test

Raymore P.D. 100 Municipal Cir. Raymore
Serial Number: 012830 Test Number: 256
Test Date: 10/25/2014 Test Time: 03:44 CDT
Operator's Name: GIACONE, JOSHUA
Operator's Permit #: 240201
Permit Expiration Date: 04/30/2016
Agency Name: Raymore P.D.
Address: 100 Municipal Cir.
City: Raymore
Agency Telephone Number: 816-331-0530
Standard Supplier: Guth Laboratories
Simulator Temperature: 34°C +/- .2°
Simulator Expiration Date: 04/22/2015

Wet Gas Target: 0.100
Lot Number: 14030 Exp Date: 01/20/2016
System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	03:45
FLO	Pass	03:45
FC	Pass	03:45

Temperature Tests

Test	Status	Time
BA	Pass	03:45
BR	Pass	03:45
DT	Pass	03:45
SC	Pass	03:45
BT	Pass	03:45
F1	Pass	03:45
S2	Pass	03:45

Printer Tests

Test	Status	Time
PRNT	Pass	03:45

CRC Tests

Test	Status	Time
COMP	Pass	03:46
CAL	Pass	03:46

Test Sequence

Test	g/210L	Time
BLK	0.000	03:46
CHK	0.093	03:47

Standard out of range

Intox EC/IR-II: Calibration

Raymore P.D. 100 Municipal Cir. Raymore
Serial Number: 012830 Test Number: 257
Test Date: 10/25/2014 Test Time: 03:49 CDT
Operator's Name: GIACONE, JOSHUA
Operator's Permit #: 240201
Permit Expiration Date: 04/30/2016

Wet Gas Target: 0.100
Lot Number: 14030 Exp Date: 01/20/2016
System Check: Passed

Test	g/210L	Time
BLK	0.000	03:49
CAL	0.100	03:50

Success

Calibration CRC: 0A7D4E8B



Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations:
19CSR 25-30.051 (4).

Checked: 4/22/2014 Expires: 04/22/2015
Digital Therm. SN:094948
MSC Tech:DRL Temp:33.97
Agency: Raymore Police Dept
SD 2256



Technician Printed Name:

DAN LUCAS

Technician Signature:

[Handwritten Signature]

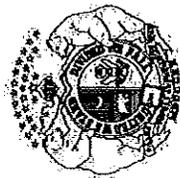
Date:

04/22/2014

Contact: Missouri Safety Center

Breath Alcohol Instrument Training Program

660-543-4834



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



PERMIT
TYPE II

JOSHUA B GIACONE

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

ALCO-SENSOR IV WITH PRINTER, 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 4/30/2014

NUMBER 240201

EXPIRES 4/30/2016

W. W. S.

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Darl Vesterby

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES