



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

RECEIVED
By Carol Day at 12:05 pm, Oct 14, 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 12855	NAME OF AGENCY Rolla Police Department	DATE OF INSPECTION 10/09/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 1007 N. Elm Street Rolla	TIME OF INSPECTION 04:40 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 type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER Intoximeters	LOT# AG412701 EXP. DATE 05/07/2016
<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)

<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 = 0.080 g/210L	TEST 2 = 0.080 g/210L	TEST 3 = 0.080 g/210L
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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
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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).

Instrument sent back to f factory due to heater error. See attached work order from factory for for repairs made.

INSPECTING OFFICER	
SIGNATURE <i>Kenneth L. Moberly</i>	PRINT FULL NAME MOBERLY, KENNETH
TYPE II PERMIT NUMBER 240314	EXPIRATION DATE 07/30/2016
	TELEPHONE NUMBER (573) 308-1213

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

SRO Work Order Report

Intoximeters
Experience • Service • Integrity

10/7/2014 1:02:54 PM

SRO: SRO-004892



Description: ECIR2 REPAIR

SRO Type: REPAIR

Customer: C000MOROLO

Ship Via: CPU

Phone: 573-308-1213

Del Terms:

Contact: Sgt Moberly

FOB: N/A

Ship To: I

Cust PO: Warranty

Ship to Address

Customer Ship Account:

Rolla Police Department
1007 North Elm
Rolla MO 65401
USA

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

Unit: 18012855

Line: 1

Item: 18-0760-00

Qty: 1.00

UM: EA

Operation: 10 Operation Code: REPAIR Repair

General Reason: EC2 Err EC/IR II displayed a Status Message
Specific Reason: warm Instrument warming up (lower w)
"not warming up, keeps saying it's warming up."

General Resolution: Replaced Instrument warming up (lower w)
Specific Resolution: RPL Instrument warming up (lower w)
comp

Cleaned micro & socket
Replaced IR heaters & cable assembly
Replaced inlet o-ring
Replace U16 & U29
Instrument calibrated to factory specifications

2 1.00 EA 27-6290-00 LABEL VOID EC, EC2, AMCC



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

2

PERMIT
TYPE II
KENNETH L MOBERLY

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 7/30/2014

NUMBER 240314

EXPIRES 7/30/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 **MOBERLY, KENNETH**
Permit No **240314**
Date Issued **7/30/2014** Date Expires **7/30/2016**