



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

INTOX EC/IR II MAINTENANCE REPORT

RECEIVED

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 into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

By Carol Day at 8:12 am, Aug 04, 2015

INTOX EC/IR II SN 12674	NAME OF AGENCY St. Peters	DATE OF INSPECTION 07/29/2015
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LOCATION OF INSTRUMENT (STREET AND CITY) 1020 Grand Teton St. Peters	TIME OF INSPECTION 17:52 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# AG516803 EXP. DATE 06/17/2017
<input type="checkbox"/> SIMULATOR TEMP (34°C +0.2°C)	SIMULATOR S/N	SIMULATOR EXP DATE

<input checked="" type="checkbox"/> 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 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
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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	1	.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 returned to service from dry gas leak repair report attached

INSPECTING OFFICER	
SIGNATURE P.O. Matthew S Krahl 435	PRINT FULL NAME matthew krahl
TYPE II PERMIT NUMBER 230268	TELEPHONE NUMBER (636) 477-6600
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

SRO Work Order Report

Intoximeters
Experience • Service • Integrity

7/23/2015 11:21:51 AM

SRO: SRO-010174



Description: EC/IR 2 Repair

SRO Type: REPAIR

Customer: C000MOSTP0

Ship Via: CPU

Phone: 636-278-2244 ext 3558

Del Terms:

Contact: Kevin Turnbough

FOB: N/A

Ship To: 0

Cust PO: Warranty-Purchase

Ship to Address

Customer Ship Account:

St Peters Police Dept
Purchasing Department
PO Box 9
St. Peters MO 63376

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

Unit: 18012674

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:** DryGas Dry Gas Leak Lk

Customer Reported Issue: Dry Gas Leak

General Resolution: Replaced Dry Gas Leak **Specific Resolution:** RPL Dry Gas Leak mech

Found 10 PSI leak in overnight leak check. I conducted high pressure Helium leak tests and found slight blow by in solenoid and replaced it as well as barb and remade connection. checked fittings. Ran pressure test 6 hours without losing a pound.

Parts	Seq	Qty	UM	Item	Description
	1	1.00	EA	27-6630-00	MECH SOLENOID DYNAMCO D1X295-2
	2	1.00	EA	27-6290-00	LABEL VOID EC, EC2, AMCC
	3	1.00	EA	27-8200-00	HRDW FITTING 10-32 X 1/16 BARB

Description: I/O CARD READER 250 2D+MAG

Unit: 272500151702

Line: 2

Item: 27-9771-00

Qty: 1.00

UM: EA

Operation: 10 **Operation Code:** REPAIR Repair

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

Customer Reported Issue: Dry Gas Leak

Also please check card reader.

General Resolution: Generic Dry Gas Leak **Specific Resolution:** Generi Dry Gas Leak c

Card Reader Checked OK



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: 17-Jun-2015

Lot # AG516803

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
17-Jun-2017	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: 2015.06.17 17:20:35 -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



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

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**PERMIT
 TYPE II**

MATTHEW S KRAHL

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

INTOXILYZER 5000, INTOX EC/IR II, ALCO-SENSOR IV W/PRINTER

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 230268

EXPIRES 11/26/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 KRAHL, MATTHEW
 Permit No 230268
 Date Issued 11/26/2013 Date Expires 11/26/2015