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

INTOX EC/IR II MAINTENANCE REPORT

RECEIVED
By Carol Day at 8:20 am, Oct 05, 2015

#3

Complete this report at the time of the regular monthly preventive maintenance 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	NAME OF AGENCY	DATE OF INSPECTION
12678	Wentzville Police Dept.	10/03/2015
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
1019 Schroeder Creek Blv Wentzville		21:33 CDT

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.

[X] DIAGNOSTIC RECORD

[X] BLANK CHECK	[X] CO2 CHECK
[X] FC 1 TEMP	[X] FLOW CHECK
[X] SRC TEMP	[X] FCB CHECK
[X] DET TEMP	[X] CRC COMP CHECK
[X] BT TEMP	[X] CRC CAL CHECK
[X] STD 2 TEMP	[X] PRINT TEST
[X] ETH CHECK	

BREATH ANALYZER ACCURACY STANDARDS

[ ] SIMULATOR SOLUTION [X] COMPRESSED ETHANOL-GAS MIXTURE

[X] STANDARD SUPPLIER INTOXIMETERS LOT# AG430901 EXP. DATE 11/05/2016

[ ] SIMULATOR TEMP (34°C ±0.2°C)	SIMULATOR S/N	SIMULATOR EXP DATE

[X] 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)

[X] 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
0.102 g/210L	0.101 g/210L	0.101 g/210L

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
1	2	0	1	3	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).

OCTOBER 2015

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME
	SCHNEIDER, MATTHEW
TYPE II PERMIT NUMBER / EXPIRATION DATE	TELEPHONE NUMBER
230344 / 12/31/2015	(636) 327-5105

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)
3600 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: 7-Nov-2014

Lot # AG430901

Exp. Date	Cyl. Type	Component	Certified Concentration
5-Nov-2016	108	Ethanol	0.100 ± 2% BrAC (272 ppm)
		Nitrogen	Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	Concentration	Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.6 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: 2014.11.07 12:31:56 -06:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Analyst: Rod Marsala
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 097426
Version no: 532B

TEST RECORD 00246

Temp	Date	Time	g/ 210L
			.000
			.100

Subject Name
HERRMANN #77

Subject I.D.
MONTHLY CERT

Operator Name, I.D.
#250187 08/18/17

Location
4001 LAKEWOOD CT.

LEE'S SUMMIT, MO

AS IV Serial no: 097426
Version no: 532B

TEST RECORD 00247

Temp	Date	Time	g/ 210L
Air Blank:			
	11/10/15	19:31	.000
Calibration Check:			
21	11/10/15	19:31	.099

Subject Name
HERRMANN #77

Subject I.D.
MONTHLY CERT

Operator Name, I.D.
#250187 08/18/17

Location
4001 LAKEWOOD CT.

LEE'S SUMMIT, MO

AS IV Serial no: 097426
Version no: 532B

TEST RECORD 00248

Temp	Date	Time	g/ 210L
Air Blank:			
	11/10/15	19:33	.000
Calibration Check:			
22	11/10/15	19:33	.098

Subject Name
HERRMANN #77

Subject I.D.
MONTHLY CERT

Operator Name, I.D.
#250187 08/18/17

Location
4001 LAKEWOOD CT.

LEE'S SUMMIT, MO

AS IV Serial no: 097426
Version no: 532B

TEST RECORD 00249

Temp	Date	Time	g/ 210L
VOID: RPI			
12	11/10/15	19:33	

Subject Name
HERRMANN #77

Subject I.D.
MONTHLY CERT

Operator Name, I.D.
#250187 08/18/17

Location
4001 LAKEWOOD CT.

LEE'S SUMMIT, MO

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

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PERMIT
TYPE II

MATTHEW J SCHNEIDER

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, 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 12/31/2013

NUMBER 230344

EXPIRES 12/31/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (3-10)

LAB-4 (10-10)

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

INSTRUMENT OPERATOR CARD

[redacted]

Operator: SCHNEIDER, MATTHEW
Permit No. 230344
Date Issued 12/31/2013 Date Expires 12/31/2015