



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

RECEIVED
 By Carol Day at 7:31 am, Mar 09, 2015

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 12687 | NAME OF AGENCY SPRINGFIELD POLICE DEPT | DATE OF INSPECTION 02/25/2015 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 2620 W. BATTLEFIELD SPRINGFIELD | | TIME OF INSPECTION 12:38 CST |

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.

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# AG322402 | EXP. DATE 08/12/2015 |
| <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)

- 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 @ 0.100 g/210L | TEST 2 @ 0.100 g/210L | TEST 3 @ 0.100 g/210L |
|-----------------------|-----------------------|-----------------------|

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

| | | | | | | | | | | | |
|----------|---|-------|---|---------|---|---------|---|---------|---|----------|---|
| REFUSALS | 1 | 0-.04 | 2 | .05-.09 | 0 | .10-.14 | 6 | .15-.19 | 5 | OVER .19 | 2 |
|----------|---|-------|---|---------|---|---------|---|---------|---|----------|---|

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).

MEETS DEPT OF HLTH STDS

INSPECTING OFFICER

| | | |
|---------------------------------|-----------------------------------|------------------------------------|
| SIGNATURE | PRINT FULL NAME D'ANDREA, TONY | |
| TYPE II PERMIT NUMBER 230183 | EXPIRATION DATE 09/04/2015 | TELEPHONE NUMBER (417) 864-1810 |

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



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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 BREATH ALCOHOL PROGRAM

INTOX EC/IR II MAINTENANCE REPORT

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| | | |
|----------------------------|---|----------------------------------|
| INTOX EC/IR II SN 12684 | NAME OF AGENCY SPRINGFIELD POLICE DEPT | DATE OF INSPECTION 02/25/2015 |
|----------------------------|---|----------------------------------|

| | |
|---|---------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 2620 W BATTLEFIELD SPRINGFIELD, MO. 65807 | TIME OF INSPECTION 12:20 CST |
|---|---------------------------------|

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# 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"/> 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 <u>+5%</u> 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 → 0.099 g/210L | TEST 2 → 0.099 g/210L | TEST 3 → 0.099 g/210L |
|-----------------------|-----------------------|-----------------------|

| | | | | | | | | | | | |
|---|---|-------|---|---------|---|---------|---|---------|---|----------|---|
| 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 |

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).

MEETS DEPT OF HLTH STDS

| | |
|---------------------------------|--------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE | PRINT FULL NAME D'ANDREA, TONY |
| TYPE II PERMIT NUMBER 230183 | TELEPHONE NUMBER (417) 864-1810 |
| EXPIRATION DATE 09/04/2015 | |

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



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
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INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

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| | | |
|----------------------------|--|----------------------------------|
| INTOX EC/IR II SN 12686 | NAME OF AGENCY SPRINGFIELD POLICE DEPT. | DATE OF INSPECTION 02/25/2015 |
|----------------------------|--|----------------------------------|

| | |
|---|---------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 1000 N. BOONVILLE (GC JA SPRINGFIELD, MO) | TIME OF INSPECTION 11:13 CST |
|---|---------------------------------|

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# 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"/> 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 0.099 g/210L | TEST 2 0.099 g/210L | TEST 3 0.099 g/210L |
|------------------------|------------------------|------------------------|

| | | | | | | | | | | | |
|---|---|-------|---|---------|---|---------|---|---------|---|----------|---|
| 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 |

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).

MEETS DEPT OF HLTH STDS

| | |
|---------------------------------|--------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE | PRINT FULL NAME D'ANDREA, TONY |
| TYPE II PERMIT NUMBER 230183 | TELEPHONE NUMBER (417) 864-1810 |
| EXPIRATION DATE 09/04/2015 | |

RETURN COMPLETED REPORT TO THE:
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| | | |
|----------------------------|--|----------------------------------|
| INTOX EC/IR II SN 12685 | NAME OF AGENCY SPRINGFIELD PD (GC JAIL) | DATE OF INSPECTION 02/25/2015 |
|----------------------------|--|----------------------------------|

| | |
|---|---------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 1000 N BOONVILLE SPRINGFIELD, MO. 65802 | TIME OF INSPECTION 10:58 CST |
|---|---------------------------------|

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# AG322402 EXP. DATE 08/12/2015 | |
| <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 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 ¹⁵ 0.099 g/210L | TEST 2 ¹⁵ 0.100 g/210L | TEST 3 ¹⁵ 0.100 g/210L |
|-----------------------------------|-----------------------------------|-----------------------------------|

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

| | | | | | | | | | | | |
|----------|---|-------|---|---------|---|---------|---|---------|---|----------|---|
| REFUSALS | 0 | 0-.04 | 3 | .05-.09 | 0 | .10-.14 | 6 | .15-.19 | 9 | OVER .19 | 5 |
|----------|---|-------|---|---------|---|---------|---|---------|---|----------|---|

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).

MEETS DEPT OF HLTH STD

| | |
|---------------------------------|--------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE | PRINT FULL NAME D'ANDREA, TONY |
| TYPE II PERMIT NUMBER 230183 | TELEPHONE NUMBER (417) 864-1810 |
| EXPIRATION DATE 09/04/2015 | |

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



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



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

2

**PERMIT
TYPE II**

TONY D'ANDREA

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 9/4/2013

NUMBER 230183

EXPIRES 9/4/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

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 D'ANDREA, TONY
Permit No 230183
Date Issued 9/4/2013 Date Expires 9/4/2015