



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

RECEIVED
 By Carol Day at 10:58 am, Feb 13, 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 12708	NAME OF AGENCY Olivette Police Dept.	DATE OF INSPECTION 02/13/2015
----------------------------	---	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 9473 Olive Blvd. Olivette	TIME OF INSPECTION 10:38 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.

<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# AG400803
		EXP. DATE 01/08/2016
<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 * 0.104 g/210L	TEST 2 * 0.104 g/210L	TEST 3 * 0.104 g/210L
-----------------------	-----------------------	-----------------------

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

REFUSALS	1	0-.04	0	.05-.09	1	.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).

feb 2015

INSPECTING OFFICER	
SIGNATURE <i>Stephen Ford</i>	PRINT FULL NAME FORD, STEPHEN
TYPE II PERMIT NUMBER 230288	TELEPHONE NUMBER (314) 983-5207
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



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

2

PERMIT
TYPE II

STEPHEN D FORD

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

INTOX EC/IR II, INTOXILYZER 5000

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 230288

EXPIRES 11/26/2015

AD 500-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RG-10)

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

INSTRUMENT OPERATOR CARD

The named operator is authorized to operate on evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator **FORD, STEPHEN**
Permit No **230288**
Date Issued **11/26/2013** * Date Expires **11/26/2015**



Airgas USA LLC (LAB)
 3600 Bernard Street
 St. Louis, Mo. 63103
 Ph: (314) 633-8100
 Fax: (314) 633-7828

Certificate of Analysis

Customer Name
 Intoximeters, Inc.
 2087 Craig Road
 St. Louis, Mo 63146

Test Date: 8-Jan-2014

Lot # AG400803

<u>Exp. Date</u> 8-Jan-2016	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.100 ± 2% BrAG (272 ppm) Balance
--------------------------------	-------------------------	---	--

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

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392.6 ppm
EB0010670	259.8 ppm	EB0010559	258.9 ppm
EB0010286	209.0 ppm	EB0010695	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: 2014.01.08 00:42:24 -0600
 Reason: Dry gas standard certification of analyte
 Location: Airgas USA LLC (Lab)

Analyst: _____

Rod Marsala

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01