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 9:31 am, Apr 21, 2015

#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 | NAME OF AGENCY | DATE OF INSPECTION |
|---|---|---|
| 12708 | Olivette Police Dept. | 04/19/2015 |

| LOCATION OF INSTRUMENT (STREET AND CITY) | TIME OF INSPECTION |
|---|---|
| 9473 Olive Blvd. Olivette | 11:13 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# AG400803 EXP. DATE 01/08/2016

| [ ] 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 |
|---|---|---|
| 0.104 g/210L | 0.104 g/210L | 0.104 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 |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 1 | 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).

APRIL 2015

**INSPECTING OFFICER**

| SIGNATURE | PRINT FULL NAME |
|---|---|
| ► | FORD, STEPHEN |

| TYPE II PERMIT NUMBER | EXPIRATION DATE | TELEPHONE NUMBER |
|---|---|---|
| 230288 | 11/26/2015 | ( 314 ) 645-3000 |

**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

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

## INTOX EC/IR II, INTOXILYZER 5000

r the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 77.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

ATE 11/26/2013

UMBER 230288

XPIRES 11/26/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

1500-0771 (6-10)

LAB-4 (RG-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

*The named candidate 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 FORD, STEPHEN

Permit No 230288

Date Issued 11/26/2013 Date Expires 11/26/2015

Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-8100
Fax: (314) 533-7828

# Certificate of Analysis

**Customer Name**
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

**Test Date:** 8-Jan-2014

## Lot # AG400803

| Exp. Date | Cyl. Type | Component | Certified Concentration |
|---|---|---|---|
| 8-Jan-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 |
| EB0010670 | 259.8 ppm | EB0010559 | 258.9 ppm |
| EB0010286 | 209.0 ppm | EB0010695 | 208.9 ppm |
| EB0010561 | 103.7 ppm | EB0010562 | 104.9 ppm |
| EB0010581 | 52.22 ppm | EB0010679 | 52.94 ppm |

**Analytical Method:** NDIR

Digitally signed by Quality Control
Date: 2014.01.09 00:42:24 -06'00'
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Analyst: Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01