



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

By Carol Day at 2:03 pm, Dec 05, 2015

INTOX EC/IR II SN 12835	NAME OF AGENCY Riverside Police Dept.	DATE OF INSPECTION 12/03/2015
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LOCATION OF INSTRUMENT (STREET AND CITY) 2990 NW Vivion Road Riverside, MO 64150	TIME OF INSPECTION 00:56 CST
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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.

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# ag426701 EXP. DATE 09/24/2016
<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
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS	0	0-.04	21	.05-.09	0	.10-.14	0	.15-.19	0	OVER .19	0
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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 OPERATING WITHIN ALL ESTABLISHED LIMITS AND GUIDELINES

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME NOLL, DEAN
TYPE II PERMIT NUMBER 240315	EXPIRATION DATE 07/30/2016
	TELEPHONE NUMBER (816) 741-1191

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 Howard Street
 St. Louis, Mo. 63103
 Ph: (314) 633-3100
 Fax: (314) 633-7328

Certificate of Analysis

Customer Name
 Intoximeters, Inc.
 2081 Grady Road
 St. Louis, Mo 63140

Test Date 28-Sep-2014

Lot # A0426701

<u>Exp. Date</u> 24-Sep-2016	<u>Qvl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.100 ± 2% BrAO (272 ppm) Balance
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Certification Traceable to N.I.S.T. ROM Ethanol Standards

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EE0010564	391.8 ppm	EE0010503	392.8 ppm
EE0010570	289.0 ppm	EE0010569	259.9 ppm
EE0010286	209.0 ppm	EE0010508	208.9 ppm
EE0010601	108.7 ppm	EE0010582	104.9 ppm
EE0010001	62.22 ppm	EE0010570	62.84 ppm

Analytical Method NDIR

Certified by Quality Control
 Date: 2014-09-26 09:18:39 -0500
 Reason: by gas standard calibration of analyte
 Location: Airgas USA LLC (Lab)

Analyst: Rod Marsala
 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
 DEAN NOLL

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

INTOX EC/IR II

for the determination of the alcohol content of blood from a sample of expired air. Permit issued under the provisions of sections 020 through 077.041, RSMo and 006.111 through 006.110 RSMo.

7/30/2014

[Signature]
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

PER 240318

[Signature]

PER 7/30/2016

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
 LAB-4 (10-00)

771 (4-10)

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

INSTRUMENT OPERATOR CARD

The named operator is authorized to operate an Intox EC/IR II breath alcohol instrument for the determination of the alcohol content in breath from expired air in Missouri.



Operator NOLL, DEAN
 Permit No 240318
 Date Issued 7/30/2014 Date Expires 7/30/2016