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

# INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

RECEIVED
By Carol Day at 4:10 pm, Nov 16, 2015

Complete this report at the time of the regular monthly preventi[illegible] 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 [illegible]

| INTOX EC/IR II SN | NAME OF AGENCY | DATE OF INSPECTION |
|---|---|---|
| 12849 | Willard Police Dept. | 11/05/2015 |
| LOCATION OF INSTRUMENT (STREET AND CITY) | | TIME OF INSPECTION |
| 795 Hughes Rd Willard | | 02:23 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.

[X] DIAGNOSTIC RECORD

| | |
|---|---|
| [X] BLANK CHECK | [X] CO2 CHECK |
| [X] FC 1 TEMP | [X] FLOW CHECK |
| [X] SRC TEMP | [X] PCB 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

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

[X] STANDARD SUPPLIER GUTH LOT# 15120 EXP. DATE 04/29/2017

| [X] SIMULATOR TEMP (34°C ±0.2°C) | SIMULATOR S/N | SIMULATOR EXP DATE |
|---|---|---|
| 34°C +/- .2° | SD2262 | 01/13/2016 |

[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 |
|---|---|---|
| 0.098 g/210L | 0.099 g/210L | 0.099 g/210L |

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

| REFUSALS | 0 | 0-.04 | 1 | .05-.09 | 3 | .10-.14 | 3 | .15-.19 | 0 | OVER .19 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|---|

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).

INSPECTING OFFICER

| SIGNATURE | | PRINT FULL NAME |
|---|---|---|
| ► | | ROBERTS, AARON |
| TYPE II PERMIT NUMBER | EXPIRATION DATE | TELEPHONE NUMBER |
| 250078 | 04/29/2017 | ( 417 ) 742-3077 |

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

GUTH LABORATORIES, INC.
590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

# CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **15120** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **May 4, 2015,** using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1209%** (w/vol) ethyl alcohol. The expiration date for this lot number is **April 29, 2017** at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L +/- 3%.**

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

*NIST Traceability:*
*Testing was conducted using Cerilliant Reference Standard lot number FN08051301 whose values are traceable to NIST.*
*All balances are calibrated annually by an outside agency using NIST traceable weights.*
*Calibration verification is done prior to each use utilizing NIST traceable weights.*

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

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# PERMIT
## TYPE II

# AARON ROBERTS

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

for the determination of the alcohol content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 305.111 through 305.119 RSMo.

DATE 4/29/2015

NUMBER 250079

EXPIRES 4/29/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 alcohol content in breath form of expired air in Missouri.*

Operator ROBERTS, AARON
Permit No 250079
Date Issued 4/29/2015 Date Expires 4/29/2017

Adirondack Environmental Services, Inc.
Experience is the solution
314 North Pearl Street • Albany, New York 12207 • 800-848-4983 • (518) 434-4546 • Fax (518) 434-0891

# CERTIFICATE OF ANALYSIS
# ALCOHOL REFERENCE SOLUTION FOR SIMULATOR

**Lot No: 15120 Exp. Date: 04/29/2017**

This Alcohol Reference for Simulator was received on 05/06/15 and tested on a Gas Chromatograph by Marie Gemmill according to the standard procedure Alcohol Reference Solution-1, and found to contain 0.1201% <d=0.00057(Wt/Vol.) Ethyl Alcohol. The Alcohol and water used in this solution were free of test interfering substances.

A contemporaneous record has been kept in the regular and normal course of business for the date of testing, material tested, test conducted, individuals conducting the testing and the results.

**Laboratory Reference:** **150506074-001/002/003**

**QA Manager:** Christopher Hess

**Laboratory Manager:** Tara Daniels

**Report Date:** 6/02/15