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

**RECEIVED**
*By Carol Day at 2:40 pm, Sep 07, 2016*

# 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 | NAME OF AGENCY | DATE OF INSPECTION |
|---|---|---|
| 12820 | Washington Police Dept. | 09/04/2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY) | | TIME OF INSPECTION |
| 301 Jefferson St. Washington | | 13:59 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 Intoximeter LOT# AG604802 EXP. DATE 02/17/2018

| [ ] 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 0.101 g/210L | TEST 2 0.101 g/210L | TEST 3 0.101 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 |
|---|---|---|---|---|---|
| 2 | 1 | 1 | 7 | 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).

**INSPECTING OFFICER**

| SIGNATURE | PRINT FULL NAME |
|---|---|
| ► [signature] | KAPUSTKA, JOSEPH |

| TYPE II PERMIT NUMBER | EXPIRATION DATE | TELEPHONE NUMBER |
|---|---|---|
| 260251 | 06/27/2018 | ( 636 ) 390-1050 |

**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



AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

# Certificate of Analysis

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

**Test Date:** 19-Feb-2016

## Lot # AG604802 Model 108caod

| Exp. Date | Cyl. Type | Component | Certified Concentration |
|---|---|---|---|
| 17-Feb-2018 | 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 | 392.5 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: 2016.02.19 13:54:49 -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*

# STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

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# PERMIT

## TYPE II

# JOSEPH E KAPUSTKA

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

**ALCO-SENSOR IV WITH PRINTER, 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 6/27/2016

NUMBER 260251

EXPIRES 6/27/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

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** KAPUSTKA, JOSEPH
**Permit No** 260251
**Date Issued** 6/27/2016 **Date Expires** 6/27/2018