



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
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 12825 | NAME OF AGENCY MARYLAND HEIGHTS POLICE | DATE OF INSPECTION 08/22/2016 |
|----------------------------|---|----------------------------------|

| | |
|--|---------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 11911 DORSETT RD. MARYLAND HEIGHTS | TIME OF INSPECTION 02:43 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.

| | |
|--|--|
| <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 checked="" type="checkbox"/> SIMULATOR SOLUTION | <input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |

| | | | |
|---|-------------------|------------|----------------------|
| <input checked="" type="checkbox"/> STANDARD SUPPLIER | GUTH LABORATORIES | LOT# 15050 | EXP. DATE 03/09/2017 |
|---|-------------------|------------|----------------------|

| | | |
|---|-------------------------|----------------------------------|
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C +0.2°C) 34°C +/- .2° <i>34° C</i> | SIMULATOR S/N DR3412 | SIMULATOR EXP DATE 10/13/2016 |
|---|-------------------------|----------------------------------|

| |
|---|
| <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 ~ 0.096 g/210L | TEST 2 ~ 0.096 g/210L | TEST 3 ~ 0.096 g/210L |
|-----------------------|-----------------------|-----------------------|

| | | | | | | | | | | | |
|---|---|-------|----|---------|---|---------|---|---------|---|----------|---|
| INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: | | | | | | | | | | | |
| REFUSALS | 0 | 0-.04 | 51 | .05-.09 | 1 | .10-.14 | 1 | .15-.19 | 1 | 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).

UNIT & SIMULATOR MEET DHSS SPECIFICATIONS, JRS 24

| | |
|---------------------------------|--------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE <i>[Signature]</i> | PRINT FULL NAME SCHNURR, JAMES |
| TYPE #1 PERMIT NUMBER 260118 | TELEPHONE NUMBER (314) 298-8700 |
| EXPIRATION DATE 02/25/2018 | |

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**

JAMES R SCHNURR

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 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 2/25/2016

NUMBER 260118

EXPIRES 2/25/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (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 SCHNURR, JAMES
Permit No 260118
Date Issued 2/25/2016 Date Expires 2/25/2018



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 15050 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 11, 2015, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1218% (w/vol) ethyl alcohol. The expiration date for this lot number is March 9, 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.



Missouri Department of Health and Senior Services
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466
Gail Vasterling
 Director



Jeremiah W. (Jay) Nixon
 Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Agency: MARYLAND HEIGHTS PD
Serial Number: DR3412
Manufacturer: Guth
Model Number: 2100

CALIBRATION RESULTS

| <u>Reference Temperature</u> | <u>Simulator Temperature</u> |
|------------------------------|------------------------------|
| 34.01 | 34.00 |

This calibration was performed with NIST-Traceable Thermometer SN: 094948

This simulator was tested by: DRL

This testing was performed: 10/13/2015

This certification expires: 10/13/2016

Signature of certifying DHSS Scientist: 

Name of certifying DHSS Scientist: Ellen Strawsine



MISSOURI SAFETY CENTER SIMULATOR CHECK WORKSHEET



| | | | |
|--|-------------|-------------------------------|--|
| Date: 10/13/2015 | Time: 11:50 | Date Last Checked: 02/04/2015 | Agency: |
| Simulator Model: M2100 | I 10-4D | I 12V500 | Simulator Serial #: DR 3412 |
| Thermometer serial #: 094948 | | | Email address: JSchnurCT@MerleandHeights.com |
| Thermometer certification date: 02/13/2015 | | | Agency property #: NA |
| Thermometer expiration date: 07/13/2016 | | | Thermometer reading: 34.00 |
| 1 st check time: 12:00 | | | Simulator reading: 34.0 |
| 2 nd check time: 12:02 | | | 34.03 |
| 3 rd check time: 12:04 | | | 33.99 |
| 4 th check time: 12:07 | | | 34.04 |
| 5 th check time: 12:09 | | | 34.00 |
| Average readings: | | | 34.01 |
| Bias calculation: | | | 0.01 |
| This form meets or exceeds the requirements of the Missouri Department of Health breath alcohol program. | | | TECHNICIAN INITIALS: DR |

Check "o" rings on quick-disconnects and replace as needed.

Check simulator "o" ring and replace as needed.

Check jar for breaks/cracks and replace as needed.

COMMENTS:



This Simulator has been calibrated according to DHSS specifications.

SIMULATOR SERIAL NO.: DR 3412
 EXPIRATION DATE: 10/13/2016

DATE OF CALIBRATION: 10/13/2015
 NIST REF. THERM. SERIAL NO.: 096986
 AVERAGE SIM. TEMP: 34.01 C
 ANALYST INITIALS: DR