



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<br>12830 | NAME OF AGENCY<br>Raymore P.D. | DATE OF INSPECTION<br>03/26/2016 |
|----------------------------|--------------------------------|----------------------------------|

|                                                                        |                                 |
|------------------------------------------------------------------------|---------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>100 Municipal Cir. Raymore | TIME OF INSPECTION<br>12:48 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.

**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# AG428002 | EXP. DATE 10/07/2016 |
|--------------------------------------------------------------------|---------------|----------------------|

|                                                       |               |                    |
|-------------------------------------------------------|---------------|--------------------|
| <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)

|                                                                                                    |
|----------------------------------------------------------------------------------------------------|
| <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 <sup>1.5"</sup> 0.101 g/210L | TEST 2 <sup>1.5"</sup> 0.101 g/210L | TEST 3 <sup>1.5"</sup> 0.101 g/210L |
|-------------------------------------|-------------------------------------|-------------------------------------|

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

|          |   |       |   |         |   |         |   |         |   |          |   |
|----------|---|-------|---|---------|---|---------|---|---------|---|----------|---|
| REFUSALS | 0 | 0-.04 | 0 | .05-.09 | 0 | .10-.14 | 0 | .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).

|                                         |                                      |
|-----------------------------------------|--------------------------------------|
| <b>INSPECTING OFFICER</b>               |                                      |
| SIGNATURE<br><i>Joshua Giacone #919</i> | PRINT FULL NAME<br>GIACONE, JOSHUA   |
| TYPE II PERMIT NUMBER<br>240201         | TELEPHONE NUMBER<br>( 816 ) 331-0530 |
| EXPIRATION DATE<br>04/30/2016           |                                      |

**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 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7328

## Certificate of Analysis

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

**Test Date:** 8-Oct-2014

**Lot #** AG428002

| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u>    | <u>Certified Concentration</u>       |
|------------------|------------------|---------------------|--------------------------------------|
| 7-Oct-2016       | 108              | Ethanol<br>Nitrogen | 0.100 ± 2% BrAC (272 ppm)<br>Balance |

**Certification Traceable to N.I.S.T. RGM Ethanol Standards:**

| <u>Serial No.</u> | <u>Concentration</u> | <u>Serial No.</u> | <u>Concentration</u> |
|-------------------|----------------------|-------------------|----------------------|
| 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: 2014.10.08 12:16:00 -05:00  
Reason: Dry gas standard certification of analysis  
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



**PERMIT  
TYPE II**

**JOSHUA B GIACONE**

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 806.111 through 806.119 RSMo.

DATE 4/30/2014

NUMBER 240201

EXPIRES 4/30/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO:686:9771 (6-10)

LAB-4 (08-10)



**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 **GIACONE, JOSHUA**  
Permit No **240201**  
Date Issued **4/30/2014** Date Expires **4/30/2016**