



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 12852	NAME OF AGENCY CENTRALIA POLICE DEPT	DATE OF INSPECTION 07/31/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 114 S ROLLINS ST CENTRALIA	TIME OF INSPECTION 21:36 CDT
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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.

<input checked="" type="checkbox"/> <b>DIAGNOSTIC RECORD</b>	
<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# AG430901	EXP. DATE 11/05/2016
<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>100</sup> 0.101 g/210L	TEST 2 <sup>100</sup> 0.101 g/210L	TEST 3 <sup>100</sup> 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	0	.05-.09	1	.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).

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME TARWATER, TAYLOR
TYPE II PERMIT NUMBER 260100	EXPIRATION DATE 02/22/2018
TELEPHONE NUMBER (573) 692-2132	

**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

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PERMIT  
 TYPE II

TAYLOR TARWATER

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 2/22/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 260100

EXPIRES 2/22/2018

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-6771 (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 TARWATER, TAYLOR  
 Permit No 260100  
 Date Issued 2/22/2016 Date Expires 2/22/2018



Airgas USA LLC (LAB)  
 2800 Bernard Street  
 St. Louis, Mo. 63108  
 PH (314) 683-4100  
 FAX (314) 683-7928

Certificate of Analysis

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

Last Date: 7-Nov-2014

Lot # AG430901

<u>Exp. Date</u> 6-Nov-2016	<u>QVL Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.100 ± 2% BxAC (272 ppm) Balance
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Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EE0010594	291.8 ppm	EE0010593	292.4 ppm
EE0010570	280.8 ppm	EE0010559	288.9 ppm
EE0010283	209.0 ppm	EE0010595	208.0 ppm
EE0010581	103.7 ppm	EE0010582	104.9 ppm
EE0010671	62.22 ppm	EE0010579	62.04 ppm

Analytical Method: NDIR

Digitally signed by Rod Marsala  
 Date: 2014.11.07 12:31:56 -0500  
 Reason: My personal seal (endorsement of analysis)  
 Location: Airgas USA LLC (Lab)

Analyst: \_\_\_\_\_

*Rod Marsala*  
 Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01