



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 08/26/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 114 S ROLLINS ST CENTRALIA	TIME OF INSPECTION 00:44 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"/> 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# AG430901	EXP. DATE 11/05/2016
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<input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C)	SIMULATOR S/N	SIMULATOR EXP DATE
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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)

- 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 ^{REF} 0.101 g/210L	TEST 2 ^{REF} 0.100 g/210L	TEST 3 ^{REF} 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	0	.10-.14	0	.15-.19	1	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).

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME TARWATER, TAYLOR
TYPE OF PERMIT NUMBER 260100	EXPIRATION DATE 02/22/2018
	TELEPHONE NUMBER (573) 642-2132

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

2

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

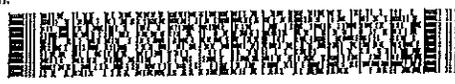
MO 580-8771 (6-10)

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 (LAE)
 4800 Bernhart Street
 St. Louis, Mo. 63108
 PH (314) 688-8100
 FAX (314) 688-7928

Certificate of Analysis

Customer Name
 Intoximeters, Inc.
 2084 Craig Road
 St. Louis, Mo 63148

Test Date: 7-Nov-2014

Lot # AG430901

<u>Exp. Date</u> 6-Nov-2016	<u>CVL Time</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.100 ± 2% BVAO (272 ppm) Balance
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Certification Traceable to NIST, NBS Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EE0010584	291.8 ppm	EE0010583	282.8 ppm
EE0010570	288.8 ppm	EE0010559	288.9 ppm
EE0010288	209.0 ppm	EE0010595	208.8 ppm
EE0010581	103.7 ppm	EE0010582	104.8 ppm
EE0010589	52.22 ppm	EE0010579	52.04 ppm

Analytical Method NDIR

Digitally signed by Eudaly G Sinal
 Date: 2014.11.07 12:21:56 -0500
 Reason: I am signing the certificate of analysis
 location Airgas USA LLC (LAE)

Analyst: _____

Eudaly G Sinal
 Eud Marsala

ISO 17025:2005 A2LA Accredited. Certificate Number 2009.01