



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 12701	NAME OF AGENCY OVERLAND POLICE DEPT	DATE OF INSPECTION 04/01/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 2410 GOODALE OVERLAND	TIME OF INSPECTION 12:34 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, INC. LOT# AG925509 EXP. DATE 05/12/2021
<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)

- 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 \approx 0.099 g/210L	TEST 2 \approx 0.099 g/210L	TEST 3 \approx 0.099 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	22	.05-.09	0	.10-.14	0	.15-.19	0	OVER .19	1
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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 <i>PO Enes Gracanin 594</i>	PRINT FULL NAME GRACANIN, ENES
TYPE II PERMIT NUMBER 200050	TELEPHONE NUMBER (314) 428-1221
EXPIRATION DATE 01/10/2022	

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



PERMIT
TYPE II
ENES GRACANIN

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 1/10/2020

NUMBER 200050

EXPIRES 1/10/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 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 GRACANIN, ENES
 Permit No 200050
 Date Issued 1/10/2020 Date Expires 1/10/2022



CERTIFICATE OF ANALYSIS

Grade of Product: EPA Protocol

Part Number:	E02NI99E15A0117	Reference Number:	160-401526342-1
Cylinder Number:	7	Cylinder Volume:	144.4 Cubic Feet
Laboratory:	124 - Plumsteadville - PA	Cylinder Pressure:	2015 PSIG
PGVP Number:	A12019	Valve Outlet:	330
Gas Code:	H2S,BALN	Certification Date:	Jun 12, 2019

Expiration Date: Jun 12, 2022

Certification performed in accordance with "EPA Traceability Protocol for Assay and Certification of Gaseous Calibration Standards (May 2012)" document EPA 600/R-12/531, using the assay procedures listed. Analytical Methodology does not require correction for analytical interference. This cylinder has a total analytical uncertainty as stated below with a confidence level of 95%. There are no significant impurities which affect the use of this calibration mixture. All concentrations are on a volume/volume basis unless otherwise noted.

Do Not Use This Cylinder below 100 psig, i.e. 0.7 megapascals.

ANALYTICAL RESULTS					
Component	Requested Concentration	Actual Concentration	Protocol Method	Total Relative Uncertainty	Assay Dates
HYDROGEN SULFIDE	240.0 PPM	240.0 PPM	G1	+/- 2%	06/12/2019, 06/12/2019
NITROGEN	Balance			-	

CALIBRATION STANDARDS					
Type	Lot ID	Cylinder No	Concentration	Uncertainty	Expiration Date
GMIS	12346	CC207769	311.3 PPM HYDROGEN SULFIDE/NITROGEN	+/- 0.6%	Sep 21, 2019
RGM	12346	CC281664	298.2 PPM HYDROGEN SULFIDE/NITROGEN	+/- 0.5%	Nov 12, 2017

The SRM, PRM or RGM noted above is only in reference to the GMIS used in the assay and not part of the analysis.

ANALYTICAL EQUIPMENT		
Instrument/Make/Model	Analytical Principle	Last Multipoint Calibration
AMETEK 92E-921-S411	NDUV	Jun 03, 2019

Triad Data Available Upon Request



Signature on file

Approved for Release