MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

RECEIVED 2/26/14-CD

REVIEWED
By Carol Day at 9:16 am, Mar 14, 2014

INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

Complete this report at the time of the regular monthly preventive maintenance chec [illegible] days). Complete this report whenever the instrument is serviced or repaired and whe [illegible] into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX EC/IR II SN	NAME OF AGENCY	DATE OF INSPECTION
12677	University City Police	02/25/2014
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
6801 Delmar Blvd. University City		01:09 CST

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.

[X] DIAGNOSTIC RECORD

[X] BLANK CHECK	[X] CO2 CHECK
[X] FC 1 TEMP	[X] FLOW CHECK
[X] SRC TEMP	[X] FCB CHECK
[X] DET TEMP	[X] CRC COMP CHECK
[X] BT TEMP	[X] CRC CAL CHECK
[X] STD 2 TEMP	[X] PRINT TEST
[X] ETH CHECK	

BREATH ANALYZER ACCURACY STANDARDS

[ ] SIMULATOR SOLUTION [X] COMPRESSED ETHANOL-GAS MIXTURE

[X] STANDARD SUPPLIER INTOXIMETER LOT# AG326803 EXP. DATE 09/25/2015

[ ] SIMULATOR TEMP (34°C ±0.2°C)	SIMULATOR S/N	SIMULATOR EXP DATE

[X] 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)

[X] 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	TEST 2	TEST 3
0.100 g/210L	0.100 g/210L	0.100 g/210L

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

REFUSALS	0-.04	.05-.09	.10-.14	.15-.19	OVER .19
1	0	0	0	0	0

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
	COLP, DAVID
TYPE II PERMIT NUMBER / EXPIRATION DATE	TELEPHONE NUMBER
230261 / 11/26/2015	(314) 725-2211

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