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By Carol Day at 1:13 pm, Jul 28, 2014

MISSOURI DEPA TMENT OF HEALTH ANL SENIOR SERVICES
STATE PUBLIC CALTH LABORATORY
BREATH ALCOHO PROGRAM

INTOX EC/IR I MAINTENANCE REPORT

REPORT #3

Complete this report at the tim of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whe ver the instrument is serviced or repaired and whenever it is placed into service. Retain the origin 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	07/26/2014
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
6801 Delmar Blvd. University City		16:55 CDT

CHECKLIST: Place a mark in the x by each item if found to be satisfactory or is operating within established limits. (Write in o erved values where determined). Unmarked items must be corrected before using instrument.

[X] DIAGNOSTIC RECORD

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

BREATH ANALYZER ACCURACY STA DARDS

- [ ] SIMULATOR SOLUTION
- [X] COMPRESSED ETHANOL-GAS MIXTURE
- [X] STANDARD SUPPLIER INT XIMETERS LOT# AG326803 EXP. DATE 09/25/2015
- [ ] SIMULATOR TEMP (34°C ±0.2) SIMULATOR S/N SIMULATOR EXP DATE

[X] CALIBRATION CHECK - (ONLY E STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a st ndard 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 RE BETWEEN 0.095% AND 0.105% INCLUSIVE
- [ ] 0.08% STANDARD - MUST RE BETWEEN 0.076% AND 0.084% INCLUSIVE
- [ ] 0.04% STANDARD - MUST RE BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1	TEST 2	TEST 3
0.101 g/210L	0.100 g/210L	0.100 g/210L

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

REFUSALS	0-.04	.05-.09	.10-.14	.15-.19	OVER .19
1	6	0	0	2	0

LIST ANY NEW PARTS AND DESCRIBE ANY ITERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHE LIMITS (USE OTHER SIDE IF NECESSARY).

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME
► P.O. Shaun Margul	MARGUL, SHAUN
TYPE II PERMIT NUMBER / EXPIRATION DATE	TELEPHONE NUMBER
230270 / 11 26/2015	(314) 725-2211

RETURN COMPLETED REPORT TO THE:
Breath Alcohol Program, M souri Department of Health and Senior Services,
Southeast District Office 2875 James Blvd, Poplar Bluff, MO 63901

573-840-9139