



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

INTOX EC/IR II MAINTENANCE REPORT

RECEIVED 3/14/14-CD REPORT #3

Complete this report at the time of the regular monthly preventive maintenance cycle (30-45 days). Complete this report whenever the instrument is serviced or repaired and into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

REVIEWED exceed 35
By Carol Day at 3:53 pm, Mar 31, 2014

INTOX EC/IR II SN 12690	NAME OF AGENCY BLUE SPRINGS POLICE DEPT	DATE OF INSPECTION 03/01/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 1100 SW. SMITH ST. BLUE SPRINGS, MO. 64015	TIME OF INSPECTION 12:24 CST
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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.

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	INTOXIMETER	LOT# AG324802	EXP. DATE 09/05/2015
<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 = 0.099 g/210L	TEST 2 = 0.099 g/210L	TEST 3 = 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	0	.05-.09	0	.10-.14	1	.15-.19	2	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 <i>M. Leslie #1771</i>	PRINT FULL NAME MLESIE
TYPE II PERMIT NUMBER 230189	TELEPHONE NUMBER ()
EXPIRATION DATE 09/04/2015	

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
MINDY LESLIE

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, INTOXILYZER 5000

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 9/4/2013

NUMBER 230189

EXPIRES 9/4/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-1 (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 **LESLIE, MINDY**
 Permit No **230189**
 Date Issued **9/4/2013** Date Expires **9/4/2015**

IN THE STATE OF MISSOURI
COUNTY OF JACKSON

AFFIDAVIT

Before me, the undersigned authority, personally appeared Officer Mindy Leslie, who being by me duly sworn, deposed as follows:

My name is Officer Mindy Leslie, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

I am custodian of the records of the Intoximeter ECIRII, serial number 012690. Attached hereto are four (4) pages of records from the Blue Springs, Missouri Police Department. These pages of records are kept by the Blue Springs, Missouri Police Department in the regular course of business, and it was in the regular course of business of the Blue Springs, Missouri Police Department with knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time of the act, event, condition, opinion or diagnosis. The records attached hereto are the original or exact duplicates of the original.

Mindy Leslie #1771

Officer Mindy Leslie
Type II Permit #230189
Expiration: 09/04/2015

In witness whereof, I have hereunto subscribed my name and affixed by official seal this 23 day of Nov., 2013

David Haynes
Notary Public



DAVID HAYNES
My Commission Expires
June 17, 2016
Jackson County
Commission #12580213