



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

INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

REVIEWED
 By Carol Day at 10:13 am, Sep 30, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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 12696	NAME OF AGENCY TOWN AND COUNTRY PD	DATE OF INSPECTION 04/03/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 1011 Municipal Ctr. Dr. Town and Country	TIME OF INSPECTION 00:09 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# AG329701 EXP. DATE 10/24/2015
<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 @ 0.100 g/210L	TEST 2 @ 0.100 g/210L	TEST 3 @ 0.100 g/210L
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS	1	0-.04	1	.05-.09	3	.10-.14	6	.15-.19	5	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 MOORE, CHRIS
TYPE II PERMIT NUMBER 230292	TELEPHONE NUMBER (314) 432-4697
EXPIRATION DATE 11/26/2015	

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

* * * Communication Result Report (Apr. 2, 2014 8:24PM) * * *

1) T&C POLICE
2)

Time: Apr. 2, 2014 8:23PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
5003	Memory TX	915738409139	P. 3	OK	

Reason for error

E. 1) Hang up or line fail	E. 2) Busy
E. 3) No answer	E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size	



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STATE PUBLIC HEALTH LABORATORY
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INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 15 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, DESS.

INTOX EC/IR II ID 12696	NAME OF AGENCY TOWN AND COUNTRY PD	DATE OF INSPECTION 04/03/2014				
LOCATION OF INSTRUMENT (STREET AND CITY) 1011 Municipal Ctr. Dr. Town and Country		TIME OF INSPECTION 00:09 CDT				
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 ERRORS						
<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"/> PCB CHECK					
<input checked="" type="checkbox"/> DBT 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"/> BTR 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# AG329701 EXP. DATE 10/24/2015				
<input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C)	SIMULATOR S/N	SIMULATOR EXP DATE				
<input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED FOR 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 1 100 g/210L	TEST 2 100 g/210L	TEST 3 100 g/210L				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REPERALS	1 0-.04	2 .05-.09	3 .10-.14	4 .15-.19	5 OVER .19	0
TELL ANY NEW DATA AND REPAIRS BY INDICATING THE RANGE OF TESTS THAT WERE TO EXCEED THE INSTRUMENT'S OPERATING SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (SEE OTHER SIDE IF NECESSARY).						
INSPECTOR SIGNATURE <i>[Signature]</i>			NAME AND TITLE MCCREY, CHRIS			
DATE OF INSPECTION 230202			TELEPHONE NUMBER (314) 432-4697			
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						