



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

received 3/4/14-cd

INTOX EC/IR II MAINTENANCE REPORT

REVIEWED REPORT #3
 By Carol Day at 1:49 pm, Mar 19, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not less than 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 12697	NAME OF AGENCY Foristell Police Depart	DATE OF INSPECTION 02/26/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 30 First Street Foristell, Mo 63348		TIME OF INSPECTION 18:36 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.

<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 Intox	LOT# AG326802 EXP. DATE 09/25/2015
<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 type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input checked="" 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 ^{CSF} 0.079 g/210L	TEST 2 ^{CSF} 0.079 g/210L	TEST 3 ^{CSF} 0.079 g/210L
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS <i>04</i>	0-.04	0	.05-.09	0	.10-.14	<i>03</i>	.15-.19	<i>01</i>	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>J. Poole</i>	PRINT FULL NAME POOLE, JEANNETTE
TYPE II PERMIT NUMBER 230295	TELEPHONE NUMBER (636) 463-2123
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