



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

**RECEIVED**  
 By Carol Day at 11:22 am, Nov 07, 2014

**INTOX EC/IR II MAINTENANCE REPORT**

REPORT #3

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 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<br>12810 | NAME OF AGENCY<br>Webster Groves PD | DATE OF INSPECTION<br>11/04/2014 |
|----------------------------|-------------------------------------|----------------------------------|

|  |                                 |
|--|---------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>4 S Elm Ave Webster Groves | TIME OF INSPECTION<br>07:40 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"/> <b>DIAGNOSTIC RECORD</b> |  |
| <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# AG410601 EXP. DATE 04/16/2016                                 |
| <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 0.099 g/210L | TEST 3 0.099 g/210L |
|---------------------|---------------------|---------------------|

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 | 0 | .15-.19 | 1 | OVER .19 | 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<br><i>Jason Flanery</i> | PRINT FULL NAME<br>FLANERY, JASON    |
| TYPE II PERMIT NUMBER<br>240244   | EXPIRATION DATE<br>05/19/2016        |
|                                   | TELEPHONE NUMBER<br>( 314 ) 645-3000 |

**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