



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

RECEIVED
 By Carol Day at 8:37 am, May 19, 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 12826	NAME OF AGENCY Franklin Co Sheriffs Off	DATE OF INSPECTION 05/11/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) #1 Bruns Lane Union, MO	TIME OF INSPECTION 20:17 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.

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 checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE	
<input checked="" type="checkbox"/> STANDARD SUPPLIER Guth	LOT# 14030	EXP. DATE 01/20/2016
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C) 34°C +/- .2°	SIMULATOR S/N SD1874	SIMULATOR EXP DATE 12/18/2014

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)

- 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
- 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
- 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 ^{1.59} 0.100 g/210L	TEST 2 ^{1.59} 0.101 g/210L	TEST 3 ^{1.59} 0.101 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 19	.05-.09 0	.10-.14 2	.15-.19 2	OVER .19 1
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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 RICHARDSON, MICHAEL
TYPE II PERMIT NUMBER 240127	TELEPHONE NUMBER (636) 583-2560
EXPIRATION DATE 04/03/2016	

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