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

INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

RECEIVED
By Carol Day at 9:21 am, Jan 04, 2016

Complete this report at the time of the regular mont[illegible] maintenance check (not to exceed 35 days). Complete this report whenever the instrument [illegible] repaired and whenever it is placed into service. Retain the original and send a copy wi[illegible]

INTOX EC/IR II SN	NAME OF AGENCY	DATE OF INSPECTION
12821	Belton Police Department	12/01/2015
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
7001 E 163rd St Belton		06:15 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.

[X] **DIAGNOSTIC RECORD**

- [X] BLANK CHECK
- [X] FC 1 TEMP
- [X] SRC TEMP
- [X] DET TEMP
- [X] BT TEMP
- [X] STD 2 TEMP
- [X] ETH CHECK
- [X] CO2 CHECK
- [X] FLOW CHECK
- [X] FCB CHECK
- [X] CRC COMP CHECK
- [X] CRC CAL CHECK
- [X] PRINT TEST

BREATH ANALYZER ACCURACY STANDARDS

[ ] SIMULATOR SOLUTION
[X] COMPRESSED ETHANOL-GAS MIXTURE

[X] STANDARD SUPPLIER Intoximeters LOT# AG4232201 EXP. DATE 08/20/2016

[ ] SIMULATOR TEMP (34°C ±0.2°C)	SIMULATOR S/N	SIMULATOR EXP DATE

[X] 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)

- [X] 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 0.102 g/210L	TEST 2 0.102 g/210L	TEST 3 0.101 g/210L

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS	0-.04	.05-.09	.10-.14	.15-.19	OVER .19
0	0	1	0	0	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).

December 2015 maint.

INSPECTING OFFICER

SIGNATURE		PRINT FULL NAME
CPL [illegible]	DSN 111	BAKER, JOHN
TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
250045	02/20/2017	(816) 331-1500

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

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