



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
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 12682	NAME OF AGENCY JEFFERSON COUNTY S.O.	DATE OF INSPECTION 03/02/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 34 DILLON PLAZA HIGH RIDGE	TIME OF INSPECTION 16:05 CST
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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	INTOXIMETER LOT# AG602301 EXP. DATE 01/23/2018
<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 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 ^{CF} 0.099 g/210L	TEST 2 ^{CF} 0.099 g/210L	TEST 3 ^{CF} 0.099 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	0	.05-.09	0	.10-.14	0	.15-.19	0	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).

SWITCHED TO DRY GAS CALIBRATION PERFORMED

INSPECTING OFFICER	
SIGNATURE <i>Col. Richard Beattie #197</i>	PRINT FULL NAME BEATTIE/RICHARD
TYPE OF PERMIT NUMBER 240268	EXPIRATION DATE 06/12/2016
	TELEPHONE NUMBER (636) 797-5000

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

Intox EC/IR-II: Calibration

JEFFERSON COUNTY S.O. 34 DILLON PLAZA HIGH RIDGE

Serial Number: 012682 Test Number: 915
Test Date: 03/02/2016 Test Time: 15:54 CST
Operator's Name: BEATTIE/RICHARD
Operator's Permit #: 240268
Permit Expiration Date: 06/12/2016

Dry Gas Target: 0.097
Lot Number: AG602301 Tank Number: 22 Exp Date: 01/23/2018
Tank Pressure: 1115 psi Barometric Pressure: 740 mmHg
System Check: Passed

Test	g/210L	Time
BLK	0.000	15:55
CAL	0.097	15:55

Success

Calibration CRC: 4EBC72BB



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

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PERMIT
TYPE II

RICHARD BEATTIE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOX EC/IR II, ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 6/12/2014

NUMBER 240268

EXPIRES 6/12/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R5-10)



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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator BEATTIE, RICHARD
 Permit No 240268
 Date Issued 6/12/2014 Date Expires 6/12/2016