

**RECEIVED**

By Tracy Crews at 2:33 pm, Apr 05, 2023

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

12692

NAME OF AGENCY

SLMPD

DATE OF INSPECTION

04/03/2023

LOCATION OF INSTRUMENT (STREET AND CITY)

5120 CLAYTON RD ST LOUIS

TIME OF INSPECTION

09:28 CDT

**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**☒ BLANK CHECK☒ CO2 CHECK☒ FC 1 TEMP☒ FLOW CHECK☒ SRC TEMP☒ FCB CHECK☒ DET TEMP☒ CRC COMP CHECK☒ BT TEMP☒ CRC CAL CHECK☒ STD 2 TEMP☒ PRINT TEST☒ ETH CHECK**BREATH ANALYZER ACCURACY STANDARDS**☐ SIMULATOR SOLUTION☒ COMPRESSED ETHANOL-GAS MIXTURE☒ STANDARD SUPPLIER

INTOXIMETERS

LOT# AG232001

EXP. DATE 11/16/2024

☐ SIMULATOR TEMP (34°C ±0.2°C)

SIM. SN

SIM. NIST 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.

☐ 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 0.081 g/210L

TEST 2 0.081 g/210L

TEST 3 0.081 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

5

.15-.19

2

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

TYPE ID PERMIT NUMBER

210162

EXPIRATION DATE

08/04/2023

PRINT FULL NAME

LUDWIG, JUSTIN

TELEPHONE NUMBER

( 314 ) 444-5345

**RETURN COMPLETED REPORT TO THE:**

Breath Alcohol Program, Missouri Department of Health and Senior Services,  
by mail, fax, or e-mail