



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: 12824  
NAME OF AGENCY: Union Police Dept.  
DATE OF INSPECTION: 04/03/2023

LOCATION OF INSTRUMENT (STREET AND CITY): 119 S. Church St. Union  
TIME OF INSPECTION: 05:04 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
  - FC 1 TEMP
  - SRC TEMP
  - DET TEMP
  - BT TEMP
  - STD 2 TEMP
  - ETH CHECK
  - CO2 CHECK
  - FLOW CHECK
  - FCB CHECK
  - CRC COMP CHECK
  - CRC CAL CHECK
  - PRINT TEST

BREATH ANALYZER ACCURACY STANDARDS

- SIMULATOR SOLUTION
- COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER: Intoximeters, Inc. LOT# AG304705 EXP. DATE 02/16/2025
- 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: 0.099 g/210L      TEST 2: 0.099 g/210L      TEST 3: 0.100 g/210L

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

REFUSALS	1	0-.04	1	.05-.09	3	.10-.14	1	.15-.19	1	OVER .19	5
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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: *Jordan Wilson*      PRINT FULL NAME: Jordan Wilson

TYPE II PERMIT NUMBER: 230056      EXPIRATION DATE: 03/27/2025      TELEPHONE NUMBER: (636) 583-3700

RETURN COMPLETED REPORT TO THE:  
Breath Alcohol Program, Missouri Department of Health and Senior Services,  
by mail, fax, or e-mail





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

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**PERMIT**  
**TYPE II**  
**JORDAN WILSON**

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

**INTOX EC/IR II**

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 3/27/2023

*Mike Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230056

*Douglas J. Nickelson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 3/27/2025

MO 580-0771 (6-10)

LAB-4 (R6-10)

 **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 WILSON, JORDAN  
 Permit No 230056  
 Date Issued 3/27/2023 Date Expires 3/27/2025

