



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 12677	NAME OF AGENCY University City Police	DATE OF INSPECTION 02/23/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 601 Trinity University City		TIME OF INSPECTION 17:31 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.

<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 Intoximeters	LOT# AG332001 EXP. DATE 11/16/2025
<input type="checkbox"/> 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.

<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 <input checked="" type="checkbox"/> 0.099 g/210L	TEST 2 <input checked="" type="checkbox"/> 0.100 g/210L	TEST 3 <input checked="" type="checkbox"/> 0.100 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 2	.15-.19 0	OVER .19 0
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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).

Calibration error Standard error Installed new dry gas

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Colp, David
TYPE 1 PERMIT NUMBER 220078	TELEPHONE NUMBER (314) 725-2211
EXPIRATION DATE 03/09/2024	

RETURN COMPLETED REPORT TO THE:

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

Intox EC/IR-II: Calibration

University City Police 601 Trinity University City

Serial Number: 012677 Test Number: 861

Test Date: 02/23/2024 Test Time: 17:15 CST

Operator's Name: Colp, David

Operator's Permit #: 220078

Permit Expiration Date: 03/09/2024

Dry Gas Target: 0.097

Lot Number: AG332001 Tank Number: 34 Exp Date: 11/16/2025

Tank Pressure: 1115 psi Barometric Pressure: 740 mmHg

System Check: Passed

Test	g/210L	Time
BLK	0.000	17:16
CAL	0.097	17:16

Success

Calibration CRC: AC00C34A