

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

INTOX EC/IR II MAINTENANCE REPORT					
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	NAME OF AGENCY		DATE OF INSPECTION		
12675	Hazelwood Police Dept.		07/16/2020		
OCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION			
415 Elm Grove Lane Hazelwood			12:34 CDT		
CHECKLIST: Place a mark in the box	by each item if found	nd 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 CO2 CHECK					
X FC 1 TEMP X FLOW CHECK		FLOW CHECK			
X SRC TEMP X FCB CHEC		FCB CHECK			
X DET TEMP X CRC COM			HECK		
X BT TEMP X CRC C.					
X STD 2 TEMP X PRINT TEST					
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDARDS					
		T# AG905902		DATE 02/28/2021	
SIMULATOR TEMP (34°C ±0.2°C)	SIM. SN		SIM. NIST 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.					
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 3 0.100 g/210L	TEST 2 3 0.100 g/	2101	TEST 3 5 0.10	n g/210I.	
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS 0 004 0	.0509 0 .	10-,14 0	.1519 0	OVER .19 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE		-			
SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).					
Maint. Rpt after update					
INSPECTING OFFICER					
SIGNATURE /// // // //	P)	RINT FULL NAME			
- //MU// Nonto	M	ONTICELLI, M	ICHAEL		
3	· ·	TELEPHONE NUMBER			
280302 10/12	2/2020 (314) 838-5000			
RETURN COMPLETED REPORT TO THE:					
Breath Alcohol Program, Missouri Department of Health and Senior Services,					
by mail, fax, or e-mail					
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Althou UBALLO (LAB) SCOO Bernard Street Ot, Lpulo, Mp. 00108 Phr (014) 539-5100 Fax: (214) 035-7328

Certificate of Analysis

4-Man-2019 Tost Date:

Customer Marce Excludive Euppiller Intextructors, line, 2081 Chald Road St. Louis, Ma 63148

Lot# AG905902 Model 108cmcd

Exp. Date 28Feb4021

Component Altirogran

Contilled Concentration 0.100 4 2% BIAC (272 ppm) Dialance

Certification Transmitte to N.I.S.T. ROM and to CRM Elifanoi Standards:

<u> Maria Serial No.</u> Concentration EP4010081 EE0010674 BROOKDAAF EMODIOS61 E80010684

392.4 ppm ago a pam 208.0 ppin 108.8 ppm 62.12 ppm

Concentation add Doba 263,0 ppm

<u>Rón Sarial No.</u> E20010603 KBQ040550 EE1001 00 05 enon 10062 EB8010879

256.2 ppm 208.5 ppm 404.2 ppm 62.81 ppp

CRM Sental No. 0060649 0056662

Concentration 390.4 ppm 450.2 ppm

Concentration

100 d.808

<u>Analytical Nethods</u>

CHILDREN NO.

OC434(68

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NDIR

Approved for Rolesse.

Rod Mareala

180 17025:2005 A 2LA appredited. Contillanto Number 3002.06 13CJ 17094;2016 A2LA acoredited. Cerificate Number 3082.07