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By Stephen Wilson at 9:30 am, Apr 13, 2020



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

INTOX EC/IR II	MAINTENANCE	REPORT		1	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	NAME OF AGENCY		DATE OF INSPECTION			
12815	Berkeley Police		04/12/2020			
LOCATION OF INSTRUMENT (STREET AND CITY		TIME OF INSPECTION				
8340 FROST AVE. BERKELEY		20:10 CDT				
CHECKLIST: Place a mark in the box	by each item if for	ınd to be satisfact	ory or is operation	ng within		
established limits. (Write in obse						
before using instrument.						
X DIAGNOSTIC RECORD						
X BLANK CHECK		X CO2 CHECK				
X FC 1 TEMP X FLOW CHECK						
X SRC TEMP X FCB CHECK						
X DET TEMP		X CRC COMP CHEC	CK			
X BT TEMP X CRC CAL CHECK						
X STD 2 TEMP X PRINT TEST						
X ETH CHECK		es. v-apinose				
BREATH ANALYZER ACCURACY STANDA	ARDS					
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE		
X STANDARD SUPPLIER INTOXIMETERS LOT# AG916304 EXP. DATE 06/12/2021						
hearnst .		ATOR S/N	ISIMULATOR EXP I			
SIMULATOR TEMP (34°C ±0.2°C)	SIMOLE	AION S/N	BINGHATOK EXT	MIL		
X CALIBRATION CHECK - (ONLY ON	S STANDARD IS TO F	BE USED PER MAINT	TENANCE REPORT)			
Run three tests using a stand				of the standard v	/alue	
and must have a spread of .00	of less. Mark	the box correspo	onding to the sta	indard solution bei	lng	
used. (PRINTOUT ATTACHED)						
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 - 0.100 g/210L	TEST 2 💝 0.100	g/210L	TEST 3 0.100) g/210L		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
	T					
REFUSALS 2 004 0	.0509 0	.1014 0	.1519 0	OVER .19 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALT SATISFACTORILY AND WITHIN ESTABLISHED L:			STORE THE INSTRUMENT	TO OPERATE		
BATISFACIONISI AND WITHIN BUTTERS E.		,				
INSPECTING OFFICER						
SIGNATURE PRINT FULL NAME						
► CH. in DA	sean hendel					
TYPE DERMIT NUMBER EXPIRE	TELEPHONE NUMBER					
200108 03/0	2/2022	(314)524-3311	L			

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



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

SEAN HENDEL

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

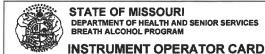
INTOX EC/IR II

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.

DATE3/2/2020	3/2/2020	won			
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER	200108				
EXPIRES 3/2/2022	3/2/2022	for Willen			
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 HENDEL, SEAN

Permit No 200108

Date Issued 3/2/2020 Date Expires 3/2/2022

