

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

TMTOY	PC/TD	TI	MATHTEMANCE DE	ידם חםי

THIOX EC/IR II	MAINIEMANCE REPORT		b),
		ve maintenance check (not to exceed	
		or repaired and whenever it is place.	
		s to the Breath Alcohol Program, DHSS	1.4
INTOX EC/IR II SN	NAME OF AGENCY	DATE OF INSPECTION	
12947	ST. JOSEPH POLICE DEPT.	06/18/2020	
LOCATION OF INSTRUMENT (STREET AND CITY	,	TIME OF INSPECTION	
501 FARAON ST. JOSEPH		15:57 CDT	
	-	atisfactory or is operating within	
established limits. (Write in obse	rved values where determined).	Unmarked items must be corrected	
before using instrument.			
X DIAGNOSTIC RECORD			
X BLANK CHECK	X CO2 CI	HECK	
X FC 1 TEMP	X FLOW	CHECK	
X SRC TEMP	X FCB CI		
		_	A # 1 + 1
X DET TEMP		OMP CHECK	
X BT TEMP	X CRC CA	AL CHECK	
X STD 2 TEMP	X PRINT	TEST	
X ETH CHECK			Put have been properly and other the
BREATH ANALYZER ACCURACY STANDA	RDS		
SIMULATOR SOLUTION		SSED ETHANOL-GAS MIXTURE	
			1000
		914803 EXP. DATE 01/	2021
SIMULATOR TEMP (34°C +0.2°C)	SIM. SN	SIM. NIST EXP DATE	
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO BE USED PE	R MAINTENANCE REPORT)	
			lard value
		ests must be within ±5% of the scorresponding to the standard sol	'n being
used.	of 1055. Mark the box t	orresponding to the beandard box	1 201119
X 0.10% STANDARD - MUST READ	DETWEEN O 095% AND 0 105%	TNCLUCTUE	
0.08% STANDARD - MUST READ			
0.04% STANDARD - MUST READ			
0.04% SIANDARD - MOSI KEAD	BEIMBEN U.030% AND U.042%	INCHOSTVE	
TEST 1 0.099 g/210L	TEST 2 0.099 g/210L	TEST 3 0.099 g/210L	
			and the second
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLOWING RANG	ES SINCE THE LAST MAINTENANCE RE	7. 17. 2
REFUSALS 0 004 0	.0509 0 .1014	0 .1519 0 OVER .19	0
		ADE TO RESTORE THE INSTRUMENT TO OPERATE	
SATISFACTORILY AND WITHIN ESTABLISHED LI	MITS (USE OTHER SIDE IF NECESSARI	1.	
NO. 111. 113. 131.			
MONTHLY MAINT			
INSPECTING OFFICE			y Hala de la consciona de la c
SIGNATURE	THEOR FULL	TOOLE CONTRACTOR OF THE PARTY O	a management of the
USh 1 19	FOSTER,		
TYPE II PENAT NUMBER EXPIRA	TION DATE TELEPHONE	NUMBER	-
	1/2021 (816)5	96-8206	
I			
RETURN COMPLETED REPORT T			
Breath Alcohol Program, Miss	souri Department of Heal	th and Senior Services,	
by mail, fax, or e-mail			



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

JOHN L. FOSTER

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

ALCO-SENSOR IV WITH PRINTER, 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.

DATE10/1/2019	Wante	
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY	
NUMBER 290227		
EXPIRES 10/1/2021	for Ulle	
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB4 (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 al in Missour.

Operator

FOSTER, JOHN

Permit No 290227 Date Issued 10/1/2019

ued 10/1/2019 Date Expires 10/1/2021

