


 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

12702

NAME OF AGENCY

MANCHESTER PD

DATE OF INSPECTION

06/05/2021

LOCATION OF INSTRUMENT (STREET AND CITY)

200 Highlands Blvd Manchester

TIME OF INSPECTION

06:31 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

 CO2 CHECK

 FC 1 TEMP

 FLOW CHECK

 SRC TEMP

 FCB CHECK

 DET TEMP

 CRC COMP CHECK

 BT TEMP

 CRC CAL CHECK

 STD 2 TEMP

 PRINT TEST

 ETH CHECK

BREATH ANALYZER ACCURACY STANDARDS
 SIMULATOR SOLUTION

 COMPRESSED ETHANOL-GAS MIXTURE

 STANDARD SUPPLIER

INTOXIMETERS

LOT# AG022402

EXP. DATE 08/11/2022

 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 0.100 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:

REFUSALS 0

0-.04 0

0

.05-.09 0

0

.10-.14 0

0

.15-.19 0

0

OVER .19 0

0

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

PRINT FULL NAME

WEST, DANNY

TYPE II PERMIT NUMBER

290267

EXPIRATION DATE

11/05/2021

TELEPHONE NUMBER

(636) 227-1410

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



PERMIT
TYPE II

DANNY E WEST

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.

DATE 11/5/2019

NUMBER 290267

EXPIRES 11/5/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 690-0771 (6-10)

LAB-1 (3-10)

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

INSTRUMENT OPERATOR CARD

You 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 **WEST, DANNY**
Permit No **290267**
Date Issued **11/5/2019** Date Expires **11/5/2021**