



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: 12710
NAME OF AGENCY: St. Clair
DATE OF INSPECTION: 05/14/2021

LOCATION OF INSTRUMENT (STREET AND CITY): 1 Paul Parks Dr. St. Clair
TIME OF INSPECTION: 10:02 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
- FC 1 TEMP
- SRC TEMP
- DET TEMP
- BT TEMP
- STD 2 TEMP
- ETH CHECK
- CO2 CHECK
- FLOW CHECK
- FCB CHECK
- CRC COMP CHECK
- CRC CAL CHECK
- PRINT TEST

BREATH ANALYZER ACCURACY STANDARDS

- SIMULATOR SOLUTION
- STANDARD SUPPLIER: Intoximeters
LOT# AG032204
EXP. DATE 11/17/2022
- 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: 0.101 g/210L TEST 2: 0.101 g/210L TEST 3: 0.101 g/210L

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	1	OVER .19	1
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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).

None

INSPECTING OFFICER

SIGNATURE:

PRINT FULL NAME: Steven J. Webb

TYPE II PERMIT NUMBER: 210076 EXPIRATION DATE: 04/06/2023

TELEPHONE NUMBER: (636) 629-1313

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

2

PERMIT
TYPE II
STEVEN J. WEBB

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.

DATE 4/6/2021

NUMBER 210076

EXPIRES 4/6/2023

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (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 air in Missouri.

Operator WEBB, STEVEN
Permit No 210076
Date Issued 4/6/2021 Date Expires 4/6/2023


STATE OF MISSOURI }
COUNTY OF FRANKLIN } SS

AFFIDAVIT

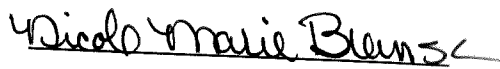
Before me, the undersigned authority, personally appeared Steven Webb, who, being duly sworn, deposed as follows:

My name is Steven Webb. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of maintenance records of the INTOX EC / IR II [SN: 12710]. Attached hereto are 4 pages of records from the ST. CLAIR POLICE DEPARTMENT for the month of May, 2021. These 4 pages of records are kept by the ST. CLAIR POLICE DEPARTMENT in the regular course of business, and it was the regular course of business of the ST. CLAIR POLICE DEPARTMENT for an employee or representative of the ST. CLAIR POLICE DEPARTMENT with knowledge of the act, event, condition, opinion or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record made was made at or near the time of the act, event, condition, opinion or diagnosis. The records attached hereto are the original or exact duplicate of the original.


Steven Webb

In witness whereof I have hereunto subscribed my name and affixed my official seal this 19th day of May, 2021.


Notary Public

My commission expires:

