



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 12810	NAME OF AGENCY Webster Groves PD	DATE OF INSPECTION 07/28/2021			
LOCATION OF INSTRUMENT (STREET AND CITY) 4 S Elm Ave Webster Groves		TIME OF INSPECTION 11:40 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.					
<input checked="" type="checkbox"/> DIAGNOSTIC RECORD					
<input checked="" type="checkbox"/> BLANK CHECK	<input checked="" type="checkbox"/> CO2 CHECK				
<input checked="" type="checkbox"/> FC 1 TEMP	<input checked="" type="checkbox"/> FLOW CHECK				
<input checked="" type="checkbox"/> SRC TEMP	<input checked="" type="checkbox"/> FCB CHECK				
<input checked="" type="checkbox"/> DET TEMP	<input checked="" type="checkbox"/> CRC COMP CHECK				
<input checked="" type="checkbox"/> BT TEMP	<input checked="" type="checkbox"/> CRC CAL CHECK				
<input checked="" type="checkbox"/> STD 2 TEMP	<input checked="" type="checkbox"/> PRINT TEST				
<input checked="" type="checkbox"/> ETH CHECK					
BREATH ANALYZER ACCURACY STANDARDS					
<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE				
<input checked="" type="checkbox"/> STANDARD SUPPLIER Intox	LOT# AG928303	EXP. DATE 10/10/2021			
<input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C)	SIM. SN	SIM. NIST EXP DATE			
<input checked="" type="checkbox"/> 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 <u>+5%</u> of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used.					
<input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE					
<input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE					
<input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE					
TEST 1 ST 0.101 g/210L	TEST 2 ST 0.101 g/210L	TEST 3 ST 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 4	.15-.19 0	OVER .19 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 FLANERY, JASON		
TYPE II PERMIT NUMBER 200206		EXPIRATION DATE 07/13/2022	TELEPHONE NUMBER (314) 645-3000		
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

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PERMIT
TYPE II
JASON C FLANERY

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 7/13/2020


 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200206

EXPIRES 7/13/2022


 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES