

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

INTOX EC/IR I	I MAINTENANCE	REPORT		REPORT #3	
Complete this report at the time	of the regular monthl	ly preventive main	tenance check (not	to exceed 35	
days). Complete this report whene	ver the instrument is	s serviced or repa	ired and whenever	it is placed	
into service. Retain the original		nin 15 days to the			
INTOX EC/IR II SN NAME OF AGENCY			DATE OF INSPECTION		
12947 ST. JOSEPH POLICE DEPT.			06/15/2021		
LOCATION OF INSTRUMENT (STREET AND CIT	(Y)		TIME OF INSPECTION		
501 FARAON ST. JOSEPH			14:21 CDT		
CHECKLIST: Place a mark in the bo	x by each item if for	ind to be satisfac	tory or is operati	ng within	
established limits. (Write in obs	erved values where de	etermined). Unmar	ked items must be	corrected	
before using instrument.					
M DIAGNOSTIC RECORD		CO2 CHECK			
BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP		X FLOW CHECK			
X SRC TEMP		X FCB CHECK			
DET TEMP		X CRC COMP CHECK			
X BT TEMP		X CRC CAL CHECK			
X STD 2 TEMP			X PRINT TEST		
X ETH CHECK					
BREATH ANALYZER ACCURACY STAN	DARDS				
SIMULATOR SOLUTION	DARDU	X COMPRESSED E	THANOL-GAS MIXTU	IRE	
	LOT# AG106001				
A D I I I I I I I I I I I I I I I I I I	XIMETERS		SIM. NIST EXP		
SIMULATOR TEMP (34°C ±0.2°C) SIM. S	SN	SIM. NIST EAP	DATE	
X CALIBRATION CHECK - (ONLY O					
Run three tests using a sta	ndard solution. Al	ll three tests m	ust be within +5	% of the standard value	
and must have a spread of .	005 or less. Mark	the box corresp	onding to the st	andard solution being	
		TD 0 2000 TNGTIIC	TT70		
X 0.10% STANDARD - MUST REA					
0.08% STANDARD - MUST REA 0.04% STANDARD - MUST REA					
0.04% STANDARD - MUST REA	D BEIMEEN 0.030% AI	O.042% INCLOS	,1 4 13		
TEST 1 5 0.099 g/210L TEST 2 5 0.099 g/210L		g/210L	TEST 3 ⇒ 0.099 g/210L		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST			CE THE LAST MAIN	TENANCE REPORT:	
REFUSALS 0 004 9	.0509 0	.1014 2	.1519 1	OVER .19 0	
LIST ANY NEW PARTS AND DESCRIBE ANY A SATISFACTORILY AND WITHIN ESTABLISHED	LIMITS (USE OTHER SIDE	N THAT WAS MADE TO R IF NECESSARY)	RATURE THE INSTRUMENT	. IG-OPERATE	
SATISFACTORINI AND WITHIN ESTABLISHED	11111111 (000 0111111 01				
MONTHLY TESTING					
MONTHELLIE					
INSPECTING OFFICER					
BIGNATURE	-	FOSTER, JOHN			
TOTAL DIVINE DE LEVEL	RATION DATE	TELEPHONE NUMBER			
Transfer Campara Moranes	01/2021	(816)289-820)6		
7					
RETURN COMPLETED REPORT	TO THE:				
Breath Alcohol Program, Mi	ssouri Department	of Health and	senior Servic	es,	
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):

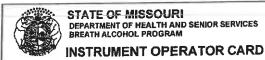
ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

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.

	Wa note			
DATE10/1/2019	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 290227				
EXPIRES 10/1/2021	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES			
	LAB4 (R6-10			

MO 580-0771 (6-10)

LAH-4 (H6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired ai in Missouri.

Operator FOSTER, JOHN

Permit No 290227

Date Issued 10/1/2019 Date Expires 10/1/2021

