



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 12693	NAME OF AGENCY New Haven PD	DATE OF INSPECTION 04/04/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 1100 Olive St City Of New Haven		TIME OF INSPECTION 09:54 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"/> <b>DIAGNOSTIC RECORD</b>	
<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 Intoximeters	LOT# AG132101 EXP. DATE 11/17/2023
<input type="checkbox"/> 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.

<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 <sup>g</sup> 0.100 g/210L	TEST 2 <sup>g</sup> 0.100 g/210L	TEST 3 <sup>g</sup> 0.100 g/210L
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**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:**

REFUSALS	0	0-.04	5	.05-.09	0	.10-.14	0	.15-.19	0	OVER .19	0
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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).

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME Brown, Jacqueline
TYPE OF PERMIT NUMBER 200240	EXPIRATION DATE 08/28/2022
	TELEPHONE NUMBER ( 573 ) 237-2211

**RETURN COMPLETED REPORT TO THE:**  
 Breath Alcohol Program, Missouri Department of Health and Senior Services,  
 by mail, fax, or e-mail



STATE OF MISSOURI     )  
  )  
COUNTY OF FRANKLIN    )     SS

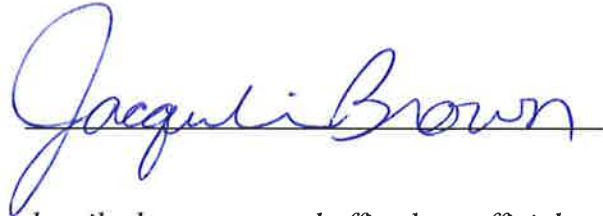
AFFIDAVIT

*Before me, the undersigned authority, personally appeared Capt. Jacqueline Brown  
who, being by me duly sworn, deposed as follows:*

My name is Capt. Jacqueline Brown, 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 Intoximeter EC/IR 2 S/N 12693.

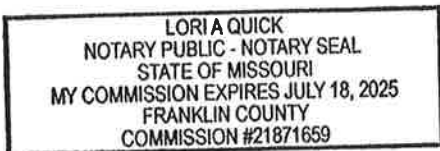
Attached hereto are 3 pages of records from the New Haven Police Department for the month of April 04, 2022, to May 09, 2022. These 3 pages of records are kept by New Haven Police Department in the regular course of business, and it was the regular course of business of New Haven Police Department for an employee or representative of New Haven 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 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.



*In witness whereof I have hereunto subscribed my name and affixed my official*

*seal this 4<sup>th</sup> day of April 2022.*

Notary Public  
Signature: 





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



**PERMIT**  
**TYPE II**

**JACQUELINE M. BROWN**

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 8/28/2020

NUMBER 200240

EXPIRES 8/28/2022

MO 580-0771 (G-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (P6-10)



**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** BROWN, JACQUELINE  
**Permit No** 200240  
**Date Issued** 8/28/2020    **Date Expires** 8/28/2022