

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

RECEIVED

By Tracy Crews at 7:11 am, Sep 20, 2022

INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

1	of the regular monthly preventive mai	ntenance check (not to exceed 35		
days). Complete this report whenev	er the instrument is serviced or rer	aired and whenever it is placed		
into service. Retain the original	and send a copy within 15 days to th	e Breath Alcohol Program, DHSS.		
INTOX EC/IR II SN	NAME OF AGENCY	DATE OF INSPECTION		
12705	JEFFERSON COUNTY	09/15/2022		
LOCATION OF INSTRUMENT (STREET AND CITY	7)	TIME OF INSPECTION		
510 FIRST STREET HILLSBORO		18:02 CDT		
CHECKLIST: Place a mark in the box	by each item if found to be satisfa	ctory or is operating within		
established limits. (Write in obse	rved values where determined). Unma	rked items must be corrected		
before using instrument.				
X DIAGNOSTIC RECORD		,		
X BLANK CHECK	X CO2 CHECK			
X FC 1 TEMP	X FLOW CHECK			
X SRC TEMP X FCB CHECK				
X DET TEMP X CRC COMP CHECK				
X BT TEMP	X CRC CAL CHE			
X STD 2 TEMP	X PRINT TEST	CA		
X ETH CHECK	X PRINT TEST			
BREATH ANALYZER ACCURACY STAND				
SIMULATOR SOLUTION	X COMPRESSED	ETHANOL-GAS MIXTURE		
leaned.	imeters LOT# AG109003	EXP. DATE 03/31/2023		
SIMULATOR TEMP (34°C ±0.2°C)	SIM. SN	SIM. NIST EXP DATE		
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X CALIBRATION CHECK - (ONLY ON	E STANDARD IS TO BE USED PER MAT	X CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)		
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