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By Tracy Crews at 12:36 pm, Aug 09, 2024



MISSOURI DEPARTMENT OF HEALTH AND 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: 12679, NAME OF AGENCY: Chesterfield PD, DATE OF INSPECTION: 08/06/2024

LOCATION OF INSTRUMENT (STREET AND CITY): 690 Chesterfield Pkwy W Chesterfield, TIME OF INSPECTION: 23:01 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: X BLANK CHECK, X FC 1 TEMP, X SRC TEMP, X DET TEMP, X BT TEMP, X STD 2 TEMP, X ETH CHECK, X CO2 CHECK, X FLOW CHECK, X FCB CHECK, X CRC COMP CHECK, X CRC CAL CHECK, X PRINT TEST

BREATH ANALYZER ACCURACY STANDARDS: X STANDARD SUPPLIER, INTOXIMETERS, LOT# AG223501, EXP. DATE 08/23/2024

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. X 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE

TEST 1 -> 0.078 g/210L, TEST 2 -> 0.077 g/210L, TEST 3 -> 0.077 g/210L

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS 0, 0-.04 0, .05-.09 2, .10-.14 1, .15-.19 3, 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).

INSTRUMENT IS OPERATING WITHIN MO DEPT OF HEALTH SPECIFICATIONS

INSPECTING OFFICER: SIGNATURE, PRINT FULL NAME: RUPP, GREGORY, TYPE II PERMIT NUMBER: 230076, EXPIRATION DATE: 04/14/2025, TELEPHONE NUMBER: (636) 537-3000

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



PERMIT
TYPE II
GREGORY RUPP

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.

DATE 4/14/2023

NUMBER 230076

EXPIRES 4/14/2025

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 RUPP, GREGORY
Permit No 230076
Date Issued 4/14/2023 **Date Expires** 4/14/2025

