



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<br>12681 | NAME OF AGENCY<br>SLMPD | DATE OF INSPECTION<br>06/03/2024 |
|----------------------------|-------------------------|----------------------------------|

|   |                                 |
|---|---------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>1915 OLIVE ST LOUIS | TIME OF INSPECTION<br>09:25 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                |  |

|   |  |
|---|--|
| <b>BREATH ANALYZER ACCURACY STANDARDS</b>             |  |
| <input type="checkbox"/> SIMULATOR SOLUTION           | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER | INTOXIMETERS   |
| LOT#  | AG232001   |
| EXP. DATE   | 11/16/2024   |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C) | SIM. SN  |
|   | SIM. NIST EXP DATE   |

|   |
|---|
| <input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b>   |
| 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 type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE   |
| <input checked="" 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> 0.081 g/210L | TEST 2 <sup>g</sup> 0.081 g/210L | TEST 3 <sup>g</sup> 0.081 g/210L |
|----------------------------------|----------------------------------|----------------------------------|

|   |   |       |   |         |   |         |   |         |   |          |   |
|---|---|-------|---|---------|---|---------|---|---------|---|----------|---|
| <b>INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:</b> |   |       |   |         |   |         |   |         |   |          |   |
| REFUSALS  | 0 | 0-.04 | 5 | .05-.09 | 0 | .10-.14 | 0 | .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).

|                                       |                                      |
|---------------------------------------|--------------------------------------|
| <b>INSPECTING OFFICER</b>             |                                      |
| SIGNATURE<br>                         | PRINT FULL NAME<br>LUDWIG, JUSTIN    |
| TYPE ID / EXPIRATION NUMBER<br>230170 | TELEPHONE NUMBER<br>( 314 ) 444-5345 |
| EXPIRATION DATE<br>08/08/2025         |                                      |

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