

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

Complete this report at the time of the regular monthly preventive maintenance check days). Complete this report whenever the instrument is serviced or repaired and whene into service. Retain the original and send a copy within 15 days to the Breath Alcohol INTOX EC/IR II SN NAME OF AGENCY DATE OF INSPECTION OF INSTRUMENT (STREET AND CITY)  1915 OLIVE ST LOUIS  CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operestablished limits. (Write in observed values where determined). Unmarked items must before using instrument.  X DIAGNOSTIC RECORD  X BLANK CHECK  X FC 1 TEMP  X FLOW CHECK  X SRC TEMP  X FCB CHECK  X STD 2 TEMP  X PRINT TEST  X ETH CHECK  BREATH ANALYZER ACCURACY STANDARDS  X COMPRESSED ETHANOL-GAS METHOD IN THE STANDARDS	ever it is placed  pl Program, DHSS.  CTION  CTION  erating within
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**(************************************	
	TYTURE
	EXP. DATE 08/07/2026
SIMULATOR TEMP (34°C +0.2°C) SIM. SN SIM. NIST	
DIM. MIDI	EAF DATE
TY CALIDDAWTON CHECK ONLY ONE SHANDARD IS NO DE MOED DED NOTWIND DEDO	Day 1
X CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPO	
Run three tests using a standard solution. All three tests must be within and must have a spread of .005 or less. Mark the box corresponding to the	n +5% of the standard value
used.	e standard solution being
0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
X 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	
	11-0
TEST 1 © 0.081 g/210L TEST 2 © 0.081 g/210L TEST 3 ©	0.081 g/210L
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST	MAINTENANCE REPORT:
REFUSALS 0 004 1 -0509 0 -1014 0 -1519	0 OVER .19 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTI SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).	RUMENT TO OPERATE
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INCORPORING GURIORD	
	ORGEN TO THE STREET
LUDWIG, JUSTIN	
TYPE II PERMIT LEMBER EXPIRATION DATE TELEPHONE NUMBER	CCX OUT THEIR STATE OF THE STAT
230170 08/08/2025 (314)444-5345	
RETURN COMPLETED REPORT TO THE:	***************************************
Breath Alcohol Program, Missouri Department of Health and Senior Senior	rvi ces
by mail, fax, or e-mail	
INSPECTING OFFICER	