

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

RECEIVED

By Tracy Crews at 8:32 am, Oct 18, 2024

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INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

	f the regular monthly preventive main	
	er the instrument is serviced or repa	
into service. Retain the original a	and send a copy within 15 days to the	Breath Alcohol Program, DHSS.
INTOX EC/IR II SN	NAME OF AGENCY	DATE OF INSPECTION
12682	Jefferson County Sheriff	09/10/2024
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
34 Dillon Plaza High Ridge, MO	63049 NZ	23:05 CDT
CHECKLIST: Place a mark in the box	by each item if found to be satisfac	ctory or is operating within
established limits. (Write in obser	rved values where determined). Unmar	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	Х ГСВ СНЕСК	
X DET TEMP	X CRC COMP CH	ECK.
X BT TEMP	X CRC CAL CHE	
X STD 2 TEMP		
	X PRINT TEST	
X ETH CHECK		
BREATH ANALYZER ACCURACY STANDA	ARDS	
SIMULATOR SOLUTION	X COMPRESSED	ETHANOL-GAS MIXTURE
X STANDARD SUPPLIER Intox	imeters LOT# AG305902	EXP. DATE 02/28/2025
SIMULATOR TEMP (34°C +0.2°C)	SIM. SN	SIM. NIST EXP DATE
_		
		1 L
CALIBRATION CHECK - CONTY ONE	CTANDADD TO TO DE HOED DED WATE	IMENIANCE DEPONDA
Assessed .	E STANDARD IS TO BE USED PER MAII	
Run three tests using a stand	dard solution. All three tests m	nust be within +5% of the standard value
Run three tests using a stand and must have a spread of .00	dard solution. All three tests m	
Run three tests using a stand and must have a spread of .00 used.	dard solution. All three tests most or less. Mark the box corresp	must be within $\pm 5\%$ of the standard value conding to the standard solution being
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