

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

RECEIVED

By Tracy Crews at 6:30 am, Dec 31, 2024

INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

complete this report at the time of	-	–			
days). Complete this report whenev					
into service. Retain the original		in 15 days to the	Breath Alcohol Pro	ogram, DHSS.	
INTOX EC/IR II SN	NAME OF AGENCY	Chamiff	12/06/2024		
12682 LOCATION OF INSTRUMENT (STREET AND CITY	Jefferson County	Sherili	TIME OF INSPECTION		
34 Dillon Plaza High Ridge, MO 63049 NZ					
5 5 1	7	10:05 CST			
CHECKLIST: Place a mark in the box established limits. (Write in obse					
before using instrument.	ived values where det	Jermined). Onmark	ed Items mast be t	COTTecced	
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 CHEC			
X BT TEMP		X CRC CAL CHECK	ζ		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STAND	ARDS				
SIMULATOR SOLUTION		X COMPRESSED ET	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER Intox	imeters	LOT# AG305902		DATE 02/28/2	2025
SIMULATOR TEMP (34°C +0.2°C)			ISIM. NIST EXP	DATE	
				511112	
X CALIBRATION CHECK - (ONLY ON					
A CALIBRATION CHECK - (ONLI ON	E STANDARD IS TO B	E USED PER MAINT	TENANCE REPORT)		
				% of the stand	dard value
Run three tests using a stan and must have a spread of .0	dard solution. Al	l three tests mu	st be within <u>+</u> 5		
Run three tests using a stan	dard solution. Al	l three tests mu	st be within <u>+</u> 5		
Run three tests using a stan and must have a spread of .0	dard solution. Al 05 or less. Mark	l three tests mu the box correspo	ast be within $\pm 5^{\circ}$ anding to the standard		
Run three tests using a stan and must have a spread of .0 used.	dard solution. Al 05 or less. Mark BETWEEN 0.095% AN	l three tests muthe box corresponding 0.105% INCLUS	ast be within $\pm 5^{\circ}$ anding to the state of the state		
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