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By Brian Lutmer at 8:25 am, Aug 01, 2024



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	f the regular monthly preventive ma	aintenance check (not to exceed 35
days). Complete this report whenever	er the instrument is serviced or re	epaired and whenever it is placed
into service. Retain the original a	and send a copy within 15 days to t	the Breath Alcohol Program, DHSS.
INTOX EC/IR II SN	NAME OF AGENCY	DATE OF INSPECTION
12705	JEFFERSON COUNTY	07/31/2024
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
510 FIRST STREET HILLSBORO		02:19 CDT
CHECKLIST: Place a mark in the box	hy each item if found to be gatis	100 C 000 000 000 000 000 000 000 000 00
established limits. (Write in obser		
before using instrument.	ived variets where determined,. on	marked items must be collected
X DIAGNOSTIC RECORD		
	200 0117011	
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 (HECK
X BT TEMP		
	X CRC CAL C	
X STD 2 TEMP	X PRINT TEST	
X ETH CHECK		
BREATH ANALYZER ACCURACY STANDA	ARDS	
SIMULATOR SOLUTION		ETHANOL-GAS MIXTURE
	imeters LOT# AG30590	EXP. DATE 02/28/2025
SIMULATOR TEMP $(34 \degree C \pm 0.2 \degree C)$	SIM. SN	SIM. NIST EXP DATE
	•	1
X CALIBRATION CHECK - (ONLY ONI	E STANDARD IS TO BE USED PER MA	INTENANCE REPORT)
CALIBRATION CHECK - (ONLY ON) Run three tests using a stand		
Run three tests using a stand and must have a spread of .00	dard solution. All three tests	INTENANCE REPORT) s must be within ±5% of the standard value esponding to the standard solution being
Run three tests using a stand	dard solution. All three tests	must be within +5% of the standard value
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