

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

		ve maintenance check (not to exceed 35	
days). Complete this report whenev	er the instrument is serviced	or repaired and whenever it is placed	
		to the Breath Alcohol Program, DHSS.	
INTOX EC/IR II SN	NAME OF AGENCY	DATE OF INSPECTION	
12705	JEFFERSON COUNTY	11/01/2024	
LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION	
510 FIRST STREET HILLSBORO		02:18 CDT	
CHECKLIST: Place a mark in the box	by each item if found to be s	atisfactory or is operating within	
	rved values where determined).	Unmarked items must be corrected	
before using instrument.			
X DIAGNOSTIC RECORD			
X BLANK CHECK	X CO2 CH	HECK	-
X FC 1 TEMP	X FLOW (CHECK	
X SRC TEMP	X FCB CF	HECK	-
X DET TEMP		DMP CHECK	
X BT TEMP			
		AL CHECK	
X STD 2 TEMP	X PRINT	TEST	
X ETH CHECK			
BREATH ANALYZER ACCURACY STAND	ARDS		
SIMULATOR SOLUTION	X COMPRE	ESSED ETHANOL-GAS MIXTURE	
X STANDARD SUPPLIER Intox	imeters LOT# AG3	305902 EXP. DATE 02/28/2025	
SIMULATOR TEMP (34°C +0.2°C)	SIM. SN	SIM. NIST EXP DATE	
_			
X CALIBRATION CHECK - (ONLY ON	- CELLED TO DE COM		
A CALIDRATION CHECK - (ONLI ON.	E STANDARD IS TO BE USED PE	R MAINTENANCE REPORT)	
Brongard			
Run three tests using a stand	dard solution. All three t	ests must be within +5% of the standard value	Э
Run three tests using a stand	dard solution. All three t		9
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