

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM	TH ALCOHOL PROGRAM
------------------------	--------------------

INTOX EC/IR II	MAINTENANCE F	REPORT			REPORT #3
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35					
days). Complete this report whenever				_	
nto service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.					
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION		
12815	Berkeley Police		12/12/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION		
8340 FROST AVE. BERKELEY	OST AVE. BERKELEY		18:04 CST		
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within			ng within		
established limits. (Write in obser	ved values where det	ermined) Unmark	ed 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	X FCB CHECK				
X DET TEMP	Later than the second s		new .		
	X BT TEMP X CRC CAL CH				
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	RDS				
SIMULATOR SOLUTION		X COMPRESSED ET	HANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER intoxi		LOT# AG309501		DATE 04/05/2	025
SIMULATOR TEMP (34°C +0.2°C)	SIM. SI		SIM. NIST EXP I		
DIROTATOR TEMP (34 C TO.2 C)	3111. Si		SAM. MIST BAT I	JATES	
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO BE	USED PER MAINT	ENANCE REPORT)		
Run three tests using a stand	ard solution. All	l three tests mu	st be within +5%	of the stand	dard value
and must have a spread of .00	5 or less. Mark t	the box correspo	nding to the sta	andard solution	on being
used.					
X 0.10% STANDARD - MUST READ					
0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE					
0.04% STANDARD - MUST READ	BETWEEN 0.038% AND	0.042% INCLUSI	VE		
TEST 1 0.101 g/210L	TEST 2 0.101 g/210L		TEST 3 0.100 g/210L		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS 0 004 0	0509 1	1014 0	.1519 1	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE			STORE THE INSTRUMENT	TO OPERATE	
SATISFACTORILY AND WITHIN ESTABLISHED LI	MITS (USE OTHER SIDE IF	NECESSARY).			
INSPECTING OFFICER		I I SHE WATER AT USE	FIG. THE STREET		
		PRINT FULL NAME		Elis Francisco	
SIGNATURE STATES		Sean Hendel			
	TION DATE	TELEPHONE NUMBER			
	2/2026	(314)524-3311			
RETURN COMPLETED REPORT TO					
RETURN COMPLETED REPORT TO Breath Alcohol Program, Miss		of Health and	Senior Service	es,	



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

SEAN HENDEL

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

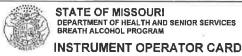
INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 4/2/2024	Mile Mason			
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 240079				
EXPIRES 4/2/2026	Doula I nelselson			
NO TOO DAYS OF SOIL	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			

MO 580 0771 (6-10)

LAB-4 (RG-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired all in Missouri.

Operator HENDEL, SEAN

Permit No 240079

Date Issued 4/2/2024 Date Expires 4/2/2026

