



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 the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

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|----------------------------|-----------------------------------|----------------------------------|
| INTOX EC/IR II SN 12815 | NAME OF AGENCY Berkeley Police | DATE OF INSPECTION 08/03/2024 |
|----------------------------|-----------------------------------|----------------------------------|

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|--|---------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 8340 FROST AVE. BERKELEY | TIME OF INSPECTION 20:33 CDT |
|--|---------------------------------|

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

| | |
|--|--|
| <input checked="" type="checkbox"/> DIAGNOSTIC RECORD | |
| <input checked="" type="checkbox"/> BLANK CHECK | <input checked="" type="checkbox"/> CO2 CHECK |
| <input checked="" type="checkbox"/> FC 1 TEMP | <input checked="" type="checkbox"/> FLOW CHECK |
| <input checked="" type="checkbox"/> SRC TEMP | <input checked="" type="checkbox"/> FCB CHECK |
| <input checked="" type="checkbox"/> DET TEMP | <input checked="" type="checkbox"/> CRC COMP CHECK |
| <input checked="" type="checkbox"/> BT TEMP | <input checked="" type="checkbox"/> CRC CAL CHECK |
| <input checked="" type="checkbox"/> STD 2 TEMP | <input checked="" type="checkbox"/> PRINT TEST |
| <input checked="" type="checkbox"/> ETH CHECK | |

| | |
|---|--|
| BREATH ANALYZER ACCURACY STANDARDS | |
| <input type="checkbox"/> SIMULATOR SOLUTION | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |

| | | | | | |
|---|--------------|------|----------|-----------|------------|
| <input checked="" type="checkbox"/> STANDARD SUPPLIER | intoximeters | LOT# | AG309501 | EXP. DATE | 04/05/2025 |
|---|--------------|------|----------|-----------|------------|

| | | |
|---|---------|--------------------|
| <input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C) | SIM. SN | SIM. NIST EXP DATE |
|---|---------|--------------------|

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|---|
| <input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) |
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Run three tests using a standard solution. All three tests must be within +5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used.

- 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
- 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
- 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

| | | | | | |
|--------|--------------|--------|--------------|--------|--------------|
| 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 | 0-.04 | 130 | .05-.09 | 2 | .10-.14 | 0 | .15-.19 | 0 | OVER .19 | 1 |
|----------|---|-------|-----|---------|---|---------|---|---------|---|----------|---|

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

| | |
|---------------------------------|--------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE | PRINT FULL NAME Sean Hendel |
| TYPE II PERMIT NUMBER 240079 | TELEPHONE NUMBER (314) 524-3311 |
| EXPIRATION DATE 04/02/2026 | |

RETURN COMPLETED REPORT TO THE:
Breath Alcohol Program, Missouri Department of Health and Senior Services,
by mail, fax, or e-mail



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

NUMBER 240079

EXPIRES 4/2/2026

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

INSTRUMENT OPERATOR CARD

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

Operator HENDEL, SEAN
 Permit No 240079
 Date Issued 4/2/2024 Date Expires 4/2/2026

