

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH	ALCOHO	)L F	PROGRAM		
INTOX	EC/IR	II	MAINTENANCE	REPORT	

INTOX EC/IR	I MAINTENANCE	REPORT	P	REPORT #	
Complete this report at the time					
days). Complete this report when	ever the instrument i	s serviced or repa	ired and whenever it is placed		
into service. Retain the origina		hin 15 days to the			
INTOX EC/IR II SN	NAME OF AGENCY	DATE OF INSPECTION			
12815	Berkeley Police		08/03/2024		
LOCATION OF INSTRUMENT (STREET AND CI	TY)	""	TIME OF INSPECTION		
8340 FROST AVE. BERKELEY			20:33 CDT		
CHECKLIST: Place a mark in the b			A CONTRACTOR OF THE CONTRACTOR		
established limits. (Write in ob	served values where d	etermined). Unmar	ked items must be corrected		
before using instrument.  X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP					
Baseed		X FLOW CHECK			
X SRC TEMP		X FCB CHECK			
X DET TEMP		X CRC COMP CHECK			
X BT TEMP		X CRC CAL CHECK			
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STAN	DARDS				
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTURE		
X STANDARD SUPPLIER into	oximeters	LOT# AG309501	EXP. DATE 04/05/2025		
SIMULATOR TEMP (34°C +0.2°C	SIM.	SN	SIM. NIST EXP DATE		
_					
X CALIBRATION CHECK - (ONLY	NE STANDARD IS TO	RE HIGED DEE MATNI	PENANCE REPORT)		
Imadi					
_			ust be within ±5% of the standard vonding to the standard solution bei		
used.	005 OI 1655. Mark	the box correspo	maing to the standard solution ber	119	
X 0.10% STANDARD - MUST REA	D BETWEEN 0.095% A	ND 0 105% INCLUSI	IVE		
0.08% STANDARD - MUST REA					
0.04% STANDARD - MUST REA					
	- Nacronal - Control				
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 FOLLO	OWING RANGES SINC	CE THE LAST MAINTENANCE REPORT:		
REFUSALS 0 004 130	.0509 2	.1014 0	.1519 0 OVER .19 1		
LIST ANY NEW PARTS AND DESCRIBE ANY A	LTERATION OR MODIFICATIO	N THAT WAS MADE TO RE	STORE THE INSTRUMENT TO OPERATE		
SATISFACTORILY AND WITHIN ESTABLISHED	LIMITS (USE OTHER SIDE	IF NECESSARY)			
			p 7		
INSPECTING OFFICER					
SIGNATURE		PRINT FUEL NAME		N-HSECUL	
► OH. 5. P. 5.	78	Sean Hendel			
	/02/2026	TELEPHONE NUMBER			
240079   04	104/2020	(314)524-3311	L		
RETURN COMPLETED REPORT	TO THE:				
Breath Alcohol Program, Mi	ssouri 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):

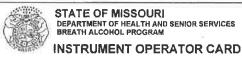
## INTOX EC/IR II

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.

DATE4/2/2024	Mike Masson
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240079	
EXPIRES 4/2/2026	Davla I. Nichelson
IC 500 0374 (d 40)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MD 580 0771 (6-10)

LAB-4 (PIG-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 ai in Missouri.

Operator HENDEL, SEAN

Permit No 240079

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

