

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

INTOX EC/IR II		EPORT		REPORT	#:	
Complete this report at the time of			tenance check (not		-	
days). Complete this report whenever	-	-				
into service. Retain the original a				_		
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION		_	
12815	Berkeley Police		01/27/2025			
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION		-	
8340 FROST AVE. BERKELEY			17:32 CST			
		To Volume			_	
CHECKLIST: Place a mark in the box						
established limits. (Write in observe before using instrument.	ived values where dete	imined) Unmari	kea items must be o	Borrected		
X DIAGNOSTIC RECORD	-4				_	
					_	
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 CHECK				
		X CRC CAL CHECK				
X BT TEMP						
X STD 2 TEMP		X PRINT TEST				
X ETH CHECK						
BREATH ANALYZER ACCURACY STANDA	RDS					
SIMULATOR SOLUTION		COMPRESSED E	THANOL-GAS MIXTU	RE		
X STANDARD SUPPLIER intox	the state of the s	OT# AG309501		DATE 04/05/2025	-	
SIMULATOR TEMP (34°C +0.2°C)	SIM. SN		ISIM. NIST EXP I		_	
LISTHOURION TEMP (34 C ±0.2 C)	SIN. SN		SIM. NISI EAF I	MIL		
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO BE	USED PER MAINT	TENANCE REPORT)			
. Samuel						
Run three tests using a stand and must have a spread of .00 used.			and the second s			
1710.10% STANDARD - MUST READ	BETWEEN 0.095% AND	0 105% TNCLUS	TVE			
X 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 0.076% AND 0.042% INCLUSIVE						
Do. of Chinames Moof King	DET 0.050 7110	0.0420 100000	7.4.11			
TEST 1 0.100 g/210L TEST 2 0.100 g/210L		/210T ₄	TEST 3 0.100	0 g/210L		
<u> </u>					_	
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLOWI	NG RANGES SINC	JE THE LAST MAINT	ENANCE REPORT:		
REFUSALS 1 004 0	.0509 0	1014 2	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)				
THE PROPERTY OF THE PROPERTY O						
INSPECTING OFFICER						
SIGNATURE		RINT FULL NAME				
TYPE II PERMIT NUMBER JEXPIRA	· · · · · · · · · · · · · · · · · · ·	Sean Hendel			_	
A LIBERT AND AND A STREET STRE	minimal contribution	(314) 524-3311	1			
		, , 523 552			_	
RETURN COMPLETED REPORT TO	^ TUE.					

by mail, fax, or e-mail

Breath Alcohol Program, Missouri Department of Health and Senior Services,



MO 580-0771 (6-10)

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	

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Daves I. Nichelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (PIG-10)



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 al in Missouri.

Operator HENDEL, SEAN

Permit No 240079

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

