



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
 BREATH ALCOHOL PROGRAM  
**INTOX DMT MAINTENANCE REPORT**

received 2/28/14-cd

**REVIEWED** REPORT #1  
 By Carol Day at 11:16 am, Mar 19, 2014

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.

INTOX DMT SN <b>500009</b>	NAME OF AGENCY <b>Sunset Hills PD</b>	DATE OF INSPECTION <b>02/21/2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>3905 S. Lindbergh Sunset Hills MO 63127</b>		TIME OF INSPECTION <b>13:11:49</b>

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.

**DIAGNOSTIC RECORD**

DATE AND TIME <u>02/21/2014 13:11:51</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>45.5°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

**BREATH ANALYZER ACCURACY STANDARDS**

SIMULATOR STANDARD  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETER LOT # AG400604 EXP. DATE 01/06/2016

SIMULATOR TEMP (34°C ± 0.2°C) \_\_\_\_\_ SIMULATOR SN \_\_\_\_\_ SIMULATOR EXP DATE \_\_\_\_\_

**CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)**  
 Run three tests using a standard. 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 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: 0.079	TEST 2: 0.079	TEST 3: 0.079
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**PERFORM R.F.I. TEST**

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0	0-.04: 99	.05-.09: 0	10-.14: 0	.15-.19: 0	OVER .19: 0
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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)

DMT put into service. Sunset Hills PD

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME <b>ROBERT J MORRIS</b>	
TYPE II PERMIT NUMBER <b>230229</b>	EXPIRATION DATE <b>10/17/2015</b>	TELEPHONE NUMBER <b>3148494400</b>

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services  
 Southeast District Office  
 2875 James Blvd, Poplar Bluff, MO 63901

STANDARD CHANGE

Sunset Hills PD  
INTOX dmt: 500009

Date: 02/21/2014  
Time: 13:08:18

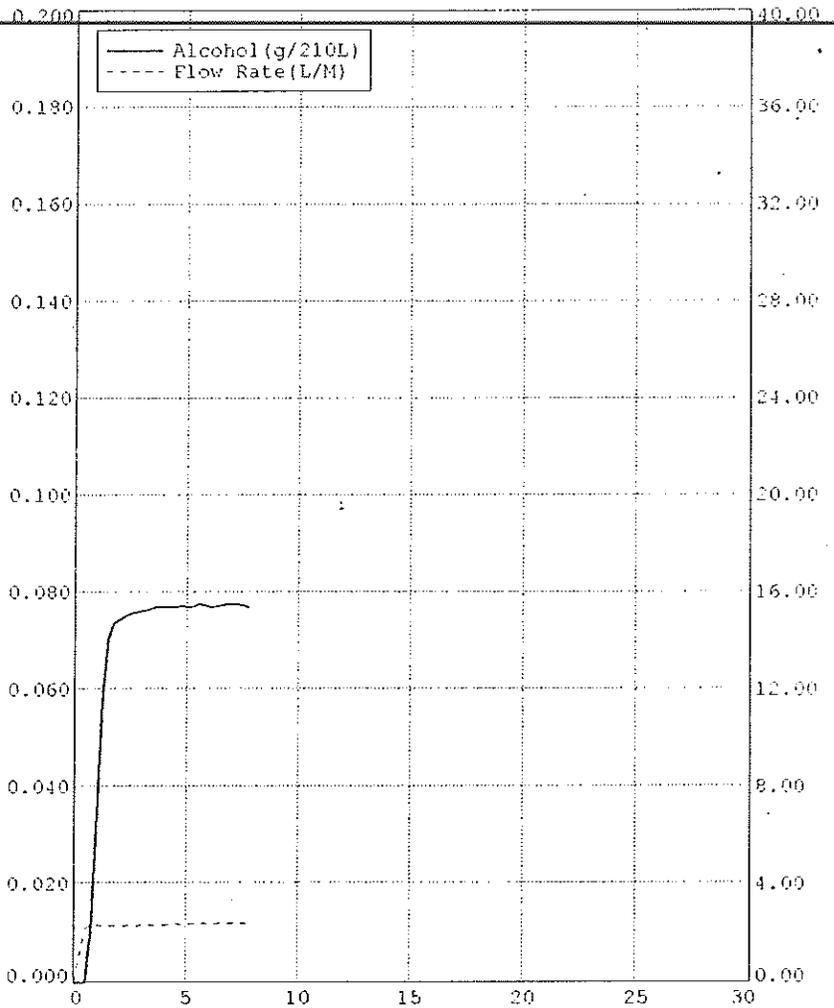
OPERATOR NAME:  
ROBERT J MORRIS  
PERMIT NUMBER: 230229  
EXPIRATION DATE: 10/17/2015

LOT #: AG400604  
SUPPLIER: INTOXIMETER  
EXPIRATION: 01/06/2016  
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION  
CONCENTRATION: 0.080  
TARGET: 0.078

BLANK TEST	0.000	13:09
INTERNAL STANDARD	VERIFIED	13:09
EXTERNAL STANDARD	0.078	13:09
BLANK TEST	0.000	13:10

Average = 0.0780  
Std Dev = 0.0000  
Spread = 0.0000



*Robert J Morris*