



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

**INTOX DMT MAINTENANCE REPORT**

**RECEIVED**

REPORT #1

By Carol Day at 12:57 pm, Dec 31, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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>500220</b>	NAME OF AGENCY <b>Anderson Police Department</b>	DATE OF INSPECTION <b>12/27/2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>713 Business 71 Highway Anderson 64831</b>		TIME OF INSPECTION <b>08:12:45</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>12/27/2014 08:12:47</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>45.8°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 INTOXIMETERS LOT # AG425202 EXP. DATE 09/09/2016

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: 0.076	TEST 2: 0.076	TEST 3: 0.076
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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: 1	.05-.09: 0	.10-.14: 0	.15-.19: 0	OVER .19: 1
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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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME <b>DANIEL L GARDNER</b>	
TYPE II PERMIT NUMBER <b>240369</b>	EXPIRATION DATE <b>10/17/2016</b>	TELEPHONE NUMBER <b>417-845-3008</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