



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

RECEIVED
 By Carol Day at 1:35 pm, Jun 11, 2015

REPORT # 1

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 500046	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 06/10/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 10 N.E. Tudor Road., Lee's Summit		TIME OF INSPECTION 02:42:54

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>06/10/2015 02:42:56</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.9°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>43.8°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR STANDARD	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>ILMO</u>	LOT # <u>25814080A3</u>	EXP. DATE <u>10/05/2016</u>
<input type="checkbox"/> 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: 0.080	TEST 2: 0.079	TEST 3: 0.080
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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: 3	0-.04: 0	.05-.09: 1	.10-.14: 2	.15-.19: 1	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)

CONDUCTED A DRY GAS CANISTER STANDARD CHANGE

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME DANIEL D WOHLER
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TYPE II PERMIT NUMBER 240119	EXPIRATION DATE 03/11/2016	TELEPHONE NUMBER 816-622-0800
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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

Missouri State Highway Patrol
INTOX dmt: 500046

Date: 06/10/2015
Time: 02:39:19

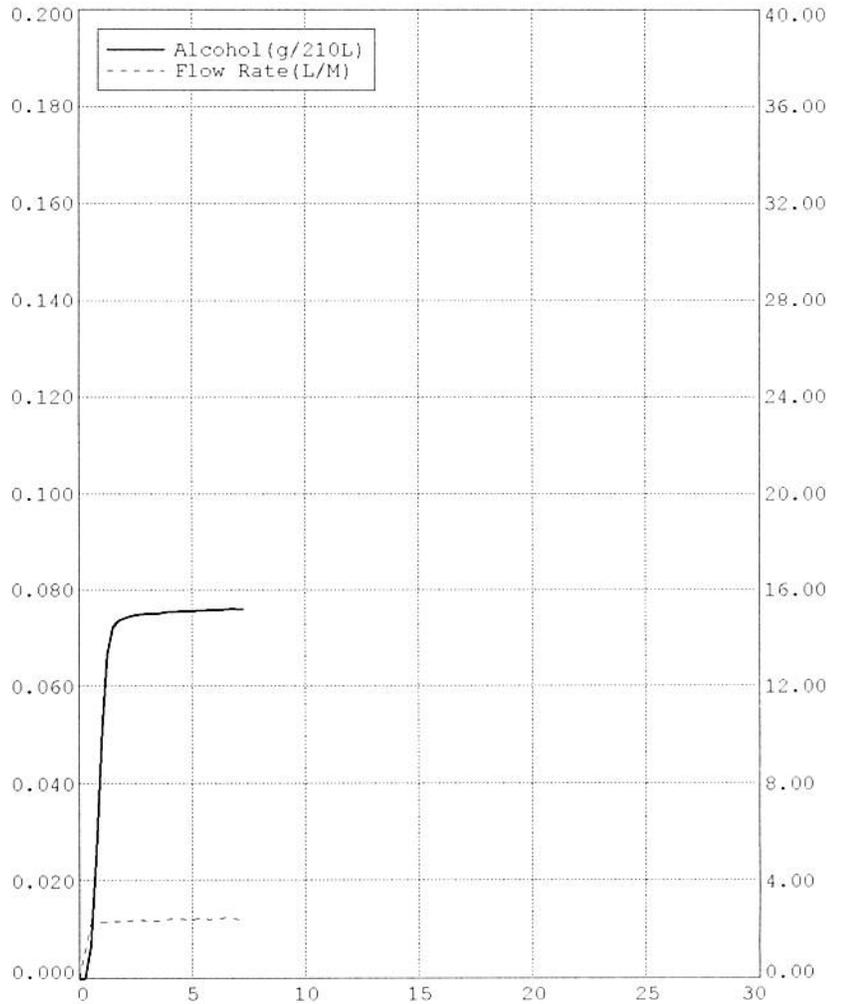
OPERATOR NAME:
DANIEL D WOHLER
PERMIT NUMBER: 240119
EXPIRATION DATE: 03/11/2016

LOT #: 25814080A3
SUPPLIER: ILMO
EXPIRATION: 10/05/2016
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION
CONCENTRATION: 0.080
TARGET: 0.076

BLANK TEST	0.000	02:40
INTERNAL STANDARD	VERIFIED	02:40
EXTERNAL STANDARD	0.076	02:40
BLANK TEST	0.000	02:41

Average = 0.0760
Std Dev = 0.0000
Spread = 0.0000



[Handwritten Signature] #314



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

2

**PERMIT
TYPE II**

DANIEL D WOHLER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOX DMT

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 3/11/2014

NUMBER 240119

EXPIRES 3/11/2016

MO 580-0771 (6-10)



DIRECTOR OF STATE PUBLIC HEALTH LABORATORY



acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



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 air in Missouri.



Operator **WOHLER, DANIEL**
Permit No **240119**
Date Issued **3/11/2014** Date Expires **3/11/2016**



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BLOOD ALCOHOL TEST REPORT - INTOX DMT

FORM #11

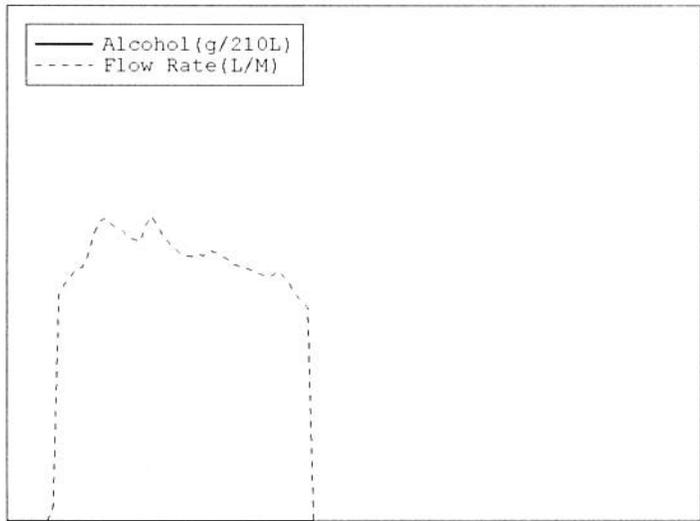
LOCATION OF INSTRUMENT 10 N.E. Tudor Road., Lee's Summit		INSTRUMENT SERIAL NUMBER 500046	DATE OF TEST 06/10/2015	TIME OF TEST 02:55:26
SUBJECT NAME MAINTENANCE TEST			DATE OF BIRTH 01/01/2001	
SEX M	SUBJECT DRIVER'S LICENSE NUMBER TEST		STATE MO	
ARRESTING OFFICER D D WOHLER		ARRESTING OFFICER ID 1394		
OPERATOR DANIEL WOHLER		OPERATOR PERMIT 240119	PERMIT EXP DATE 03/11/2016	

OPERATIONAL CHECKLIST: INTOX DMT

- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by DANIEL WOHLER. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.
- 3. Assure that the power switch is ON and the screen is displaying "Ready <Push Run>".
- 4. Press the Run button on the display screen.
- 5. Enter subject and officer information.
- 6. When display reads "Please Blow" and gives audible beep, insert mouthpiece and take the subject's breath sample.

SUBJECT TEST RESULTS

BLANK TEST	0.000	02:56
INTERNAL STANDARD	VERIFIED	02:56
SUBJECT SAMPLE (Vol=3.76L)	0.000	02:56
BLANK TEST	0.000	02:57



COMMENTS

BREATH TEST FOR MAINTENANCE

CERTIFICATION BY OPERATOR

BAC
0.000

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.
- 4. No radio transmission occurred inside the room where and when this test was being conducted.

SIGNATURE OF OPERATOR <i>Daniel Wohler</i>	DATE 06/10/2015
WITNESS (IF ANY)	DATE