



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

**RECEIVED**

By Carol Day at 10:31 am, Jul 10, 2015

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 500192	NAME OF AGENCY NEVADA POLICE DEPARTMENT	DATE OF INSPECTION 07/09/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 120 SOUTH ASH ST, NEVADA, MO 64772		TIME OF INSPECTION 15:00:03

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.

<input checked="" type="checkbox"/> DIAGNOSTIC RECORD	
DATE AND TIME <u>07/09/2015 15:00:05</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>46.4°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

<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETER</u>	LOT # <u>AG42514110</u>	EXP. DATE <u>09/09/2016</u>
<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C)	SIMULATOR SN	SIMULATOR EXP DATE

<input checked="" type="checkbox"/> 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.	
<input type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input checked="" type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1: 0.080	TEST 2: 0.081	TEST 3: 0.081
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST
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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: 1	.15-.19: 0	OVER .19: 0

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)

recalibrated due to low reading during maintenance.

**INSPECTING OFFICER**

SIGNATURE <i>Jens D Barclay</i>	PRINT FULL NAME JENS D BARCLAY	
TYPE II PERMIT NUMBER 240363	EXPIRATION DATE 10/17/2016	TELEPHONE NUMBER 417-448-5152

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

CALIBRATION FACTORS

NEVADA POLICE DEPARTMENT  
INTOX dnt: 500192

Date: 07/09/2015  
Time: 14:49:12

OPERATOR NAME:  
JENS D BARCLAY  
PERMIT NUMBER: 240363  
EXPIRATION DATE: 10/17/2016

LOT #: 14001  
SUPPLIER: REPCOMARKETIN  
EXPIRATION: 04/30/2016

Ca = 0.1000  
ADJ = 1.063416    0.800 <= ADJ < 1.200  
b1 = 0.0020        0.0000 <= b1 < 0.0040  
b2 = 0.0046        0.0010 <= b2 < 0.0100  
b3 = 0.0001        0.0000 <= b3 < 0.0040  
Xq = 0.1010        0.0500 <= Xq < 0.2500  
a21 = 1.140070    1.050 <= a21 < 1.300  
a31 = 0.475759    0.300 <= a31 < 0.800

