



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

INTOX DMT MAINTENANCE REPORT

**RECEIVED**  
By Carol Day at 11:32 am, Mar 24, 2015 PORT 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 500218	NAME OF AGENCY Carterville PD	DATE OF INSPECTION 03/17/2015
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LOCATION OF INSTRUMENT (STREET AND CITY) 1200 E. 1st Carterville, MO	TIME OF INSPECTION 17:47:25
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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>03/17/2015 17:47:28</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>48.0°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>INTOX</u>	LOT # <u>AG232002</u>	EXP. DATE <u>11/15/2016</u>
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<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C)	SIMULATOR SN	SIMULATOR EXP DATE
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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: 0.080	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: 0	0-.04: 0	.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)

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME CLINTON B WORLEY
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TYPE II PERMIT NUMBER 240380	EXPIRATION DATE 10/17/2016	TELEPHONE NUMBER
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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



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



**PERMIT  
TYPE II**

**CLINTON WORLEY**

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 10/17/2014

NUMBER 240380

EXPIRES 10/17/2016

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 WORLEY, CLINTON  
Permit No 240380  
Date Issued 10/17/2014 Date Expires 10/17/2016