



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 2:13 pm, Jul 09, 2015

Complete this report at the time of the regular monthly preventive maintenance check.
 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 500224	NAME OF AGENCY Johnson County Sheriff's Office	DATE OF INSPECTION 07/07/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 278 SW 871 rd Centerview, MO		TIME OF INSPECTION 18:26:03

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.

DIAGNOSTIC RECORD

DATE AND TIME <u>07/07/2015 18:26:05</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>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

SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER AIRGAS LOT # AG421103 EXP. DATE 07/30/2016

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: 0.080	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: 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)

this instrument is operating in accordance to MODHSS standards

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME ROBERT G WATKINS	
TYPE II PERMIT NUMBER 240286	EXPIRATION DATE 06/13/2016	TELEPHONE NUMBER 660-747-6469

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



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

FORM #11

LOCATION OF INSTRUMENT 278 SW 871 rd Centerview, MO		INSTRUMENT SERIAL NUMBER 500224	DATE OF TEST 07/07/2015	TIME OF TEST 18:34:21
SUBJECT NAME ROBERT G WATKINS			DATE OF BIRTH 09/15/1990	
SEX M	SUBJECT DRIVER'S LICENSE NUMBER 1234546		STATE MO	
ARRESTING OFFICER ROBERT WATKINS		ARRESTING OFFICER ID 123		
OPERATOR ROBERT G WATKINS		OPERATOR PERMIT 240286	PERMIT EXP DATE 06/13/2016	

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 ROBERT G WATKINS. 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	18:35
INTERNAL STANDARD	VERIFIED	18:35
SUBJECT SAMPLE (Vol=1.65L)	0.000	18:35
BLANK TEST	0.000	18:36



COMMENTS
self test

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>3017</i>	DATE 07/07/2015
WITNESS (IF ANY)	DATE



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

2

PERMIT
TYPE II
ROBERT G WATKINS

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

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 6/13/2014

NUMBER 240286

EXPIRES 6/13/2016

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 WATKINS, ROBERT
 Permit No 240286
 Date Issued 6/13/2014 Date Expires 6/13/2016