



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

REPORT #1

**RECEIVED** (35 days)  
 By Carol Day at 7:50 am, Jun 17, 2016

Complete this report at the time of the regular monthly preventive maintenance or whenever the instrument is serviced or repaired and when it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program.

INTOX DMT SN 112508	NAME OF AGENCY Caruthersville Police Department	DATE OF INSPECTION 06/16/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 1400 Ward Avenue Caruthersville, MO		TIME OF INSPECTION 14:37:14

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>06/16/2016 14:37:16</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>47.8°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 # AG530301      EXP. DATE 10/30/2017

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: 0.099      TEST 2: 0.098      TEST 3: 0.098

**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: 3      .10-.14: 0      .15-.19: 3      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)

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

**INSPECTING OFFICER**

SIGNATURE      PRINT FULL NAME **TERRY W PRIVETT**

TYPE II PERMIT NUMBER 260010      EXPIRATION DATE 01/14/2018      TELEPHONE NUMBER 573-333-0216

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

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Caruthersville Police Department  
INTOX dmt: 112508  
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Date: 06/16/2016  
Time: 14:32:34

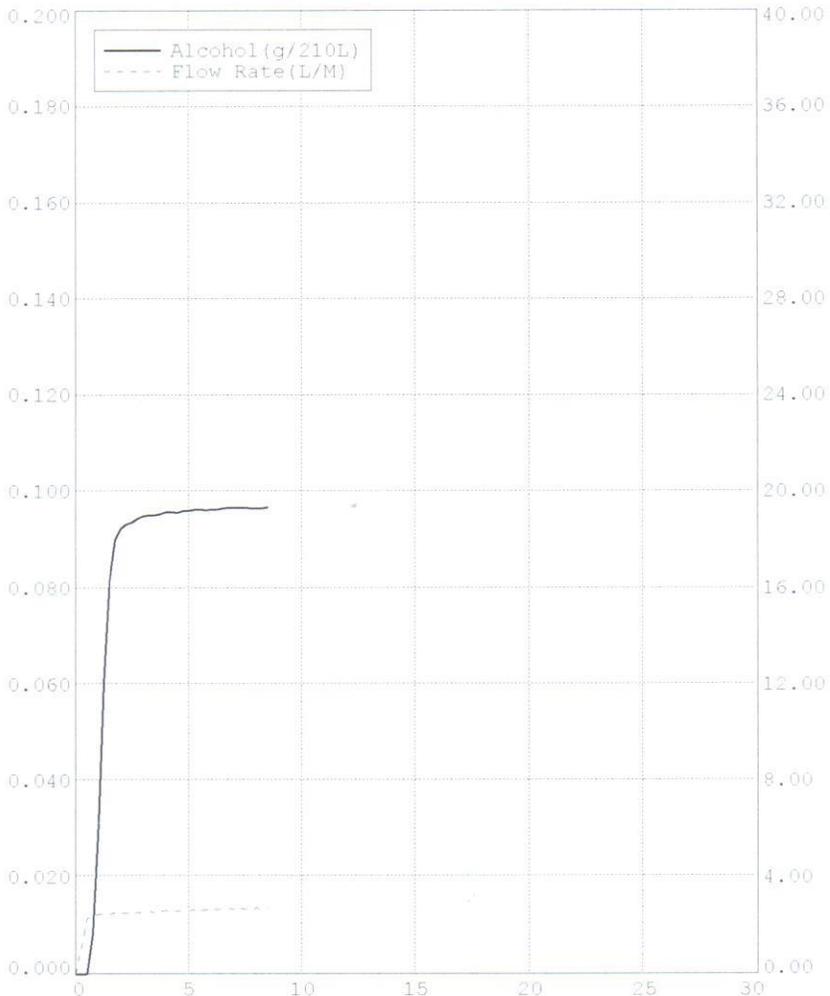
OPERATOR NAME:  
TERRY W PRIVETT  
PERMIT NUMBER: 260010  
EXPIRATION DATE: 01/14/2018  
MISC:  
IN SERVICE

LOT #: AG530301  
SUPPLIER: INTOXIMETERS  
EXPIRATION: 10/30/2017  
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION  
CONCENTRATION: 0.100  
TARGET: 0.098

BLANK TEST	0.000	14:33
INTERNAL STANDARD	VERIFIED	14:33
EXTERNAL STANDARD	0.097	14:33
BLANK TEST	0.000	14:34

Average = 0.0970  
Std Dev = 0.0000  
Spread = 0.0000



JK



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

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**PERMIT**  
**TYPE II**  
**TERRY PRIVETT**

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 1/14/2016

NUMBER 260010

EXPIRES 1/14/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 PRIVETT, TERRY  
 Permit No 260010  
 Date Issued 1/14/2016 Date Expires 1/14/2018