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By Ellen Strawsine at 2:06 pm, Jan 19, 2016



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

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 500009	NAME OF AGENCY Sunset Hills PD	DATE OF INSPECTION 01/13/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 3905 S. Lindbergh Sunset Hills MO 63127		TIME OF INSPECTION 19:53:38

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 RECORDDATE AND TIME 01/13/2016 19:53:41 DETECTOR PROGRAM FILTER 1 SAMPLE CHAMBER 48.7°C FILTER 2 BREATH TUBE 48.0°C FILTER 3 PUMP INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

 SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE STANDARD SUPPLIER INTOXIMETERS LOT # AG525204 EXP. DATE 09/09/2017 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: 0.079

TEST 2: 0.079

TEST 3: 0.079

 PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0

0-.04: 10

.05-.09: 0

.10-.14: 0

.15-.19: 1

OVER .19: 1

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)

replaced dry gas cylinder

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME ROBERT J MORRIS	
TYPE II PERMIT NUMBER 250218	EXPIRATION DATE 10/14/2017	TELEPHONE NUMBER 314-706-6260

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