



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

RECEIVED

By Carol Day at 7:58 am, May 06, 2016

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 500210	NAME OF AGENCY Henry County Sheriff's Office	DATE OF INSPECTION 04/28/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 110 W Benton, Windsor Mo 65360		TIME OF INSPECTION 17:16:10

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>04/28/2016 17:16:12</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.9°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>45.8°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 # AG609702 EXP. DATE 04/06/2018

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: 0.100 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: 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)

Corrected instrument location

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME LEONARD P KUBILUS
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TYPE II PERMIT NUMBER 260202	EXPIRATION DATE 04/28/2018	TELEPHONE NUMBER 660-885-7300
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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



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

BLIND PROFICIENCY EXAMINATION FORM

Complete this form when performing the periodic proficiency examination. Send copy of this report and instrument printouts to the Breath Alcohol Program; retain original in department file.

DATE 04/24/16	TYPE II COMPLETING FORM LEONARD KUBELUS	DEPARTMENT OR TROOP Henry Co. Sheriff's Office
NAME OF APPROVED BREATH INSTRUMENT TESTED Intox DMT		INSTRUMENT SERIAL NUMBER 500210
LOCATION OF INSTRUMENT 110 W Benton, Windsor MO 65360		PROFICIENCY SAMPLE LOT NUMBER 100615673

INSTRUMENT RESULTS

For the BAC DataMaster, Intox DMT, Intox EC/IR II and Intoxilyzer 8000, run three breath tests using the proficiency solution through the breath tube of the instrument.
 For the Alco-Sensor IV with printer, run three breath tests using the proficiency solution through the mouthpiece of the instrument.

TEST 1 0.115	TEST 2 0.115	TEST 3 0.115
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INSPECTING OFFICER

SIGNATURE <i>[Signature]</i>	PRINT NAME LEONARD KUBELUS
TYPE II PERMIT NUMBER/EXPIRATION DATE 260202 / 04/28/2018	TELEPHONE NUMBER (417) 380-9486

SUBMISSION OF COMPLETED FORM

Please submit the forms and printouts to the Breath Alcohol Program by scan and email, fax, or by mail.

EMAIL ADDRESS breathalcohol@health.mo.gov	FAX NUMBER (573) 840-9139
MAILING ADDRESS Department of Health and Senior Services Breath Alcohol Program 1903 Northwood Drive, Suite #4 Poplar Bluff, MO 63901	



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

FORM #11

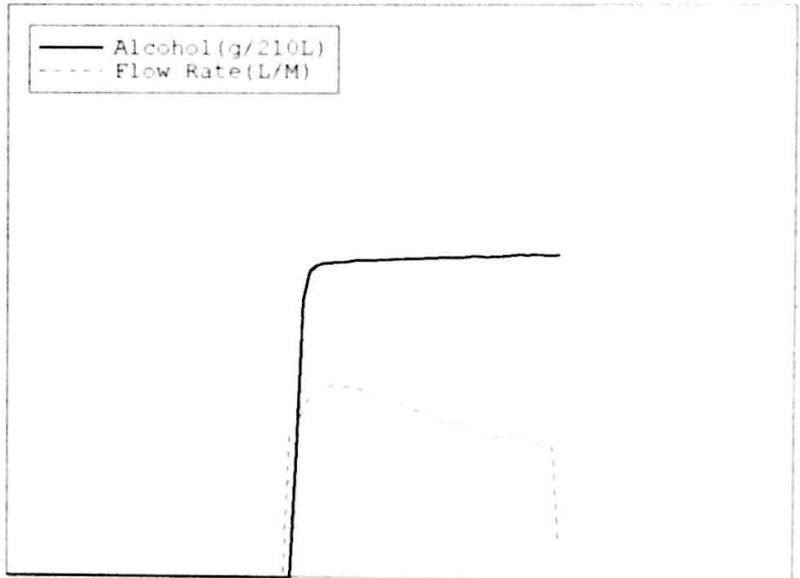
LOCATION OF INSTRUMENT 110 W Benton, Windsor Mo 65360		INSTRUMENT SERIAL NUMBER 500210	DATE OF TEST 04/28/2016	TIME OF TEST 17:59:49
SUBJECT NAME JOHN A DOE			DATE OF BIRTH 01/01/1980	
SEX M	SUBJECT DRIVER'S LICENSE NUMBER 123456789		STATE MO	
ARRESTING OFFICER LEONARD P KUBILUS		ARRESTING OFFICER ID 2215		
OPERATOR LEONARD P KUBILUS		OPERATOR PERMIT 260202	PERMIT EXP DATE 04/28/2018	

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 LEONARD P KUBILUS. 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	18:00
INTERNAL STANDARD	VERIFIED	18:00
SUBJECT SAMPLE (Vol=1.96L)	0.115	18:01
BLANK TEST	0.000	18:02



COMMENTS

Blind Proficiency Examination/ Lot # 100615673

CERTIFICATION BY OPERATOR

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:

BAC
0.115

- 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 	DATE 04/28/2016
WITNESS (IF ANY)	DATE 04/28/2016



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 500210	NAME OF AGENCY Henry County Sheriff's Office	DATE OF INSPECTION 04/28/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 110 W Benton, Windsor Mo 65360		TIME OF INSPECTION 17:16:10

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>04/28/2016 17:16:12</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.9°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>45.8°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>INTOXIMETERS</u>	LOT # <u>AG609702</u>	EXP. DATE <u>04/06/2018</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 checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input 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: 0.100	TEST 2: 0.098	TEST 3: 0.098
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<input checked="" type="checkbox"/> 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

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)

Corrected instrument location

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME LEONARD P KUBILUS
TYPE II PERMIT NUMBER 260202	TELEPHONE NUMBER 660-885-7300
EXPIRATION DATE 04/28/2018	

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

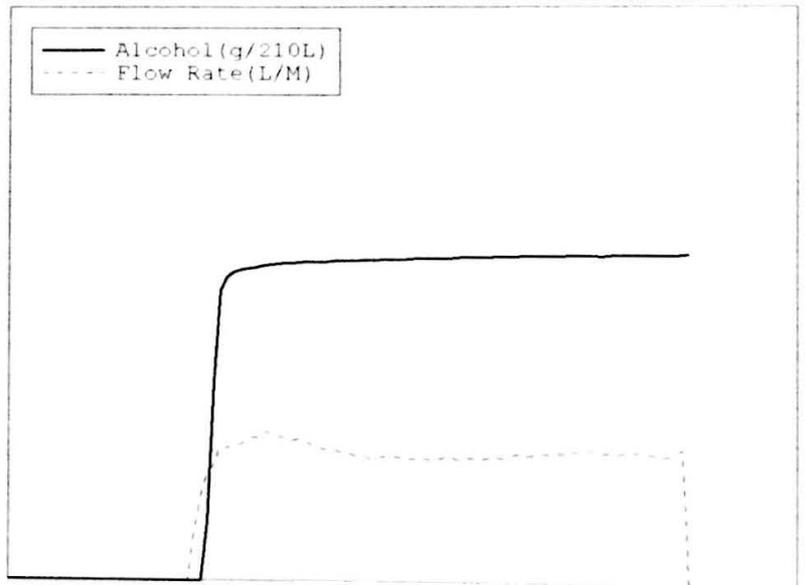
LOCATION OF INSTRUMENT 110 W Benton, Windsor Mo 65360		INSTRUMENT SERIAL NUMBER 500210	DATE OF TEST 04/28/2016	TIME OF TEST 18.05.22
SUBJECT NAME JOHN A DOE			DATE OF BIRTH 01/01/1980	
SEX M	SUBJECT DRIVER'S LICENSE NUMBER 123456789		STATE MO	
ARRESTING OFFICER LEONARD P KUBILUS		ARRESTING OFFICER ID 2215		
OPERATOR LEONARD P KUBILUS		OPERATOR PERMIT 260202	PERMIT EXP DATE 04/28/2018	

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 LEONARD P KUBILUS. 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	18:06
INTERNAL STANDARD	VERIFIED	18:06
SUBJECT SAMPLE (Vol=2.80L)	0.115	18:07
BLANK TEST	0.000	18:08



COMMENTS

Blind Proficiency Examination / Lot # 100615673

CERTIFICATION BY OPERATOR

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:

BAC
0.115

- 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

DATE
04/28/2016

WITNESS (IF ANY)

DATE
04/28/2016



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).
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 Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX DMT SN 500210	NAME OF AGENCY Henry County Sheriff's Office	DATE OF INSPECTION 04/28/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 110 W Benton, Windsor Mo 65360	TIME OF INSPECTION 17:16:10
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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>04/28/2016 17:16:12</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.9°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>45.8°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>INTOXIMETERS</u>	LOT # <u>AG609702</u>	EXP. DATE <u>04/06/2018</u>
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<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C)	SIMULATOR SN	SIMULATOR EXP DATE
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<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.	
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<input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1: 0.100	TEST 2: 0.098	TEST 3: 0.098
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<input checked="" type="checkbox"/> 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)

Corrected instrument location

INSPECTING OFFICER		
SIGNATURE 	PRINT FULL NAME LEONARD P KUBILUS	
TYPE & PERMIT NUMBER 260202	EXPIRATION DATE 04/28/2018	TELEPHONE NUMBER 660-885-7300

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

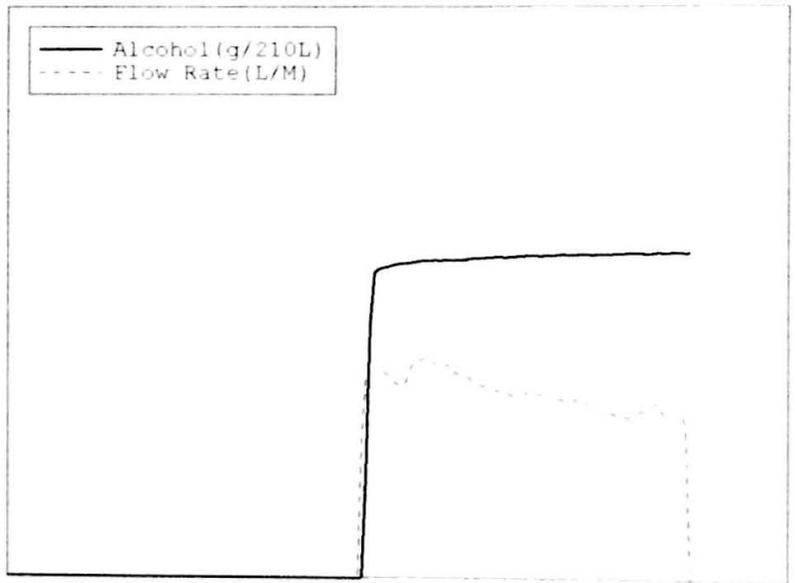
LOCATION OF INSTRUMENT 110 W Benton, Windsor Mo 65360		INSTRUMENT SERIAL NUMBER 500210	DATE OF TEST 04/28/2016	TIME OF TEST 18:10:34
SUBJECT NAME JOHN A DOE			DATE OF BIRTH 01/01/1980	
SEX M	SUBJECT DRIVER'S LICENSE NUMBER 123456789		STATE MO	
ARRESTING OFFICER LEONARD P KUBILUS		ARRESTING OFFICER ID 2215		
OPERATOR LEONARD P KUBILUS		OPERATOR PERMIT 260202	PERMIT EXP DATE 04/28/2018	

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 LEONARD P KUBILUS. 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	18:11
INTERNAL STANDARD	VERIFIED	18:11
SUBJECT SAMPLE (Vol=4.08L)	0.115	18:12
BLANK TEST	0.000	18:13



COMMENTS

Blind Proficiency Examination / Lot # 10061567

CERTIFICATION BY OPERATOR

BAC

0.115

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

DATE
04/28/2016

WITNESS (IF ANY)

DATE
04/28/2016



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

REPORT

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 500210	NAME OF AGENCY Henry County Sheriff's Office	DATE OF INSPECTION 04/28/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 110 W Benton, Windsor Mo 65360		TIME OF INSPECTION 17:16:10

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>04/28/2016 17:16:12</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.9°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>45.8°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 # AG609702 EXP. DATE 04/06/2018

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 0.100	TEST 2 0.098	TEST 3 0.098
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PERFORM RFI 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)

Corrected instrument location

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME LEONARD P KUBILUS	
TYPE & PERMIT NUMBER 260202	EXPIRATION DATE 04/28/2018	TELEPHONE NUMBER 660-885-7300

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
LEONARD P KUBILUS

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 4/28/2016

NUMBER 260202

EXPIRES 4/28/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

