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By Carol Day at 8:32 am, May 25, 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 500218 | NAME OF AGENCY Carterville PD | DATE OF INSPECTION 05/24/2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 1200 E. 1st Carterville, MO | | TIME OF INSPECTION 09:23:44 |

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>05/24/2016 09:23:46</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>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 | |
| <input type="checkbox"/> SIMULATOR STANDARD | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |

| | | |
|---|-----------------------|-----------------------------|
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u> | LOT # <u>AG600503</u> | EXP. DATE <u>01/05/2018</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: <u>0.097</u> | TEST 2: <u>0.097</u> | TEST 3: <u>0.097</u> |
|----------------------|----------------------|----------------------|

| |
|---|
| <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: <u>0</u> | <u>0</u> - <u>04</u> : <u>2</u> | <u>05</u> - <u>09</u> : <u>0</u> | <u>10</u> - <u>14</u> : <u>0</u> | <u>15</u> - <u>19</u> : <u>0</u> | OVER <u>19</u> : <u>0</u> |
|--------------------|---------------------------------|----------------------------------|----------------------------------|----------------------------------|---------------------------|

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)

Compliance check done by Dan Lucas on 4/28/2016. Last maintenance done on 4-28-2016 was not sent in within time limit but no subject samples were obtained.

INSPECTING OFFICER

| | |
|---------------|-------------------------------------|
| SIGNATURE | PRINT FULL NAME CORY D CHATFIELD |
|---------------|-------------------------------------|

| | | |
|---------------------------------|-------------------------------|----------------------------------|
| TYPE II PERMIT NUMBER 260051 | EXPIRATION DATE 02/18/2018 | TELEPHONE NUMBER 417-673-2616 |
|---------------------------------|-------------------------------|----------------------------------|

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

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PERMIT
TYPE II
CORY D CHATFIELD

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 2/18/2016

NUMBER 260051

EXPIRES 2/18/2018

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 CHATFIELD, CORY
 Permit No 260051
 Date Issued 2/18/2016 Date Expires 2/18/2018