



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

RECEIVED
 By Carol Day at 5:33 am, Aug 18, 2016

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 500280 | NAME OF AGENCY Claycomo PD | DATE OF INSPECTION 08/18/2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 115 E US 69HWY Claycomo MO 64119 | | TIME OF INSPECTION 03:28:46 |

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>08/18/2016 03:28:48</u> | <input checked="" type="checkbox"/> DETECTOR |
| <input checked="" type="checkbox"/> PROGRAM | <input checked="" type="checkbox"/> FILTER 1 |
| <input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u> | <input checked="" type="checkbox"/> FILTER 2 |
| <input checked="" type="checkbox"/> BREATH TUBE <u>44.1°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 INTOX LOT # AG615304 EXP DATE 06/01/2018

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 0.096 | TEST 2 0.096 | TEST 3 0.096 |
|---------------------|---------------------|---------------------|

PERFORM RFI TEST

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

| | | | | | |
|-------------------|---------------|----------------|----------------|----------------|------------------|
| REFUSALS 2 | 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)

INSPECTING OFFICER

SIGNATURE *[Signature]* OFFICER NAME **FLORIAN F HEIL**

TYPE II PERMIT NUMBER **260200** EXPIRATION DATE **04/28/2018** TELEPHONE NUMBER **816-500-9600**

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
FLORIAN F HEIL

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 260200

EXPIRES 4/28/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

4-00-01/1 (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 HEIL, FLORIAN
Permit No 260200
Date Issued 4/28/2016 Date Expires 4/28/2018