



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

**RECEIVED**  
 By Carol Day at 12:28 pm, Jun 24, 2016

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 <b>500337</b>	NAME OF AGENCY <b>Fort Leonard Wood DES</b>	DATE OF INSPECTION <b>06/24/2016</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>13565 South Dakota Avenue Fort Leonard Wood MO</b>		TIME OF INSPECTION <b>10:54:42</b>

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"/> <b>DIAGNOSTIC RECORD</b>	
DATE AND TIME <u>06/24/2016 10:54:44</u>	<input checked="" type="checkbox"/> <b>DETECTOR</b>
<input checked="" type="checkbox"/> <b>PROGRAM</b>	<input checked="" type="checkbox"/> <b>FILTER 1</b>
<input checked="" type="checkbox"/> <b>SAMPLE CHAMBER 48.8°C</b>	<input checked="" type="checkbox"/> <b>FILTER 2</b>
<input checked="" type="checkbox"/> <b>BREATH TUBE 44.4°C</b>	<input checked="" type="checkbox"/> <b>FILTER 3</b>
<input checked="" type="checkbox"/> <b>PUMP</b>	<input checked="" type="checkbox"/> <b>INTERNAL STANDARD</b>

<b>BREATH ANALYZER ACCURACY STANDARDS</b>	
<input type="checkbox"/> <b>SIMULATOR STANDARD</b>	<input checked="" type="checkbox"/> <b>COMPRESSED ETHANOL-GAS MIXTURE</b>

<input checked="" type="checkbox"/> <b>STANDARD SUPPLIER</b> <u>INTOXIMETERS</u> <b>LOT #</b> <u>AG600503</u> <b>EXP. DATE</b> <u>01/05/2018</u>
<input type="checkbox"/> <b>SIMULATOR TEMP (34°C ± 0.2°C)</b> _____ <b>SIMULATOR SN</b> _____ <b>SIMULATOR EXP DATE</b> _____

<input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b> 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"/> <b>0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</b>
<input type="checkbox"/> <b>0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</b>
<input type="checkbox"/> <b>0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</b>

<b>TEST 1: 0.097</b>	<b>TEST 2: 0.098</b>	<b>TEST 3: 0.097</b>
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<input checked="" type="checkbox"/> <b>PERFORM R.F.I. TEST</b>
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<b>INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:</b>					
<b>REFUSALS: 1</b>	<b>0-.04: 2</b>	<b>.05-.09: 3</b>	<b>.10-.14: 3</b>	<b>.15-.19: 0</b>	<b>OVER .19: 0</b>

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)

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<b>INSPECTING OFFICER</b>		
SIGNATURE 	PRINT FULL NAME <b>ROBERT A ISHMAEL</b>	
TYPE II PERMIT NUMBER <b>260085</b>	EXPIRATION DATE <b>02/22/2018</b>	TELEPHONE NUMBER

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**