

**RECEIVED**

By Tracy Crews at 7:42 am, Apr 19, 2023

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 <b>500065</b>	NAME OF AGENCY <b>MISSOURI STATE HIGHWAY PATROL</b>	DATE OF INSPECTION <b>04/17/2023</b>
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LOCATION OF INSTRUMENT (STREET AND CITY) <b>110 SILVER LADY LN, BRANSON WEST, MO 65737</b>	TIME OF INSPECTION <b>11:24:40</b>
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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.

 **DIAGNOSTIC RECORD**

DATE AND TIME <u>04/17/2023 11:24:42</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>48.1°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
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG234103</u>	EXP. DATE <u>12/07/2024</u>
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<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____	SIM. SN _____	SIM. NIST EXP DATE _____
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 **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: <b>0.098</b>	TEST 2: <b>0.098</b>	TEST 3: <b>0.097</b>
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 **PERFORM R.F.I. TEST**

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

REFUSALS: <b>0</b>	0-.04: <b>0</b>	.05-.09: <b>0</b>	.10-.14: <b>0</b>	.15-.19: <b>0</b>	OVER .19: <b>0</b>
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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)

STANDARD CHANGE  
UPDATED INTOX LOCATION  
UPDATED TIME**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME <b>CHRISTOPHER SCHMIDT</b>
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TYPE II PERMIT NUMBER <b>220212</b>	EXPIRATION DATE <b>08/24/2024</b>	TELEPHONE NUMBER <b>417-379-9039</b>
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RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services  
by mail, fax, or email

STANDARD CHANGE

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MISSOURI STATE HIGHWAY PATROL  
INTOX dmt: 500065  
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Date: 04/17/2023  
Time: 11:21:20

OPERATOR NAME:  
CHRISTOPHER SCHMIDT  
PERMIT NUMBER: 220212  
EXPIRATION DATE: 08/24/2024

LOT #: AG234103  
SUPPLIER: INTOXIMETERS  
EXPIRATION: 12/07/2024  
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION  
CONCENTRATION: 0.100  
TARGET: 0.095

BLANK TEST	0.000	11:22
INTERNAL STANDARD	VERIFIED	11:22
EXTERNAL STANDARD	0.094	11:22
BLANK TEST	0.000	11:23

Average = 0.0940  
Std Dev = 0.0000  
Spread = 0.0000

