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By Tracy Crews at 10:21 am, Sep 04, 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 500279 | NAME OF AGENCY Columbia PD | DATE OF INSPECTION 08/26/2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 600 E. Walnut | | TIME OF INSPECTION 03:53:06 |

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>08/26/2023 03:53:09</u> | <input checked="" type="checkbox"/> DETECTOR |
| <input checked="" type="checkbox"/> PROGRAM | <input checked="" type="checkbox"/> FILTER 1 |
| <input checked="" type="checkbox"/> SAMPLE CHAMBER 48.8°C | <input checked="" type="checkbox"/> FILTER 2 |
| <input checked="" type="checkbox"/> BREATH TUBE 46.4°C | <input checked="" type="checkbox"/> FILTER 3 |
| <input checked="" type="checkbox"/> PUMP | <input checked="" type="checkbox"/> INTERNAL STANDARD |

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|--|---|
| 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>AG130104</u> | EXP. DATE <u>10/28/2023</u> |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ | SIM. SN _____ | SIM. NIST 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: 0.101 | TEST 2: 0.101 | TEST 3: 0.101 |
|----------------------|----------------------|----------------------|

| |
|--|
| <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: 1 | .10-.14: 2 | .15-.19: 3 | OVER .19: 2 |

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)

monthly maintenance

| | | |
|--|---|---|
| INSPECTING OFFICER | | |
| SIGNATURE <i>Mark D. Hoehne</i> | PRINT FULL NAME MARK D HOEHNE | |
| TYPE II PERMIT NUMBER 220158 | EXPIRATION DATE 06/14/2024 | TELEPHONE NUMBER 573-874-7585 |

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 AIRWAY ALCOHOL PROGRAM

2

PERMIT
 TYPE II

MARK D HOHNE

is hereby authorized to transport and maintain equipment, this instrument, hospital, railroad, government field service and repairs, and operate the following health equipment:

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 572.020 through 577.020, 578.020 and 582.110 through 582.120, R.S.M.

EXPIRES: 6/30/2003

ISSUED BY: [Signature]

ISSUED AT: [Signature]

MS-2003-001

Mark Magowan

DEPARTMENT OF HEALTH AND SENIOR SERVICES

Thomas H. Robinson

DEPARTMENT OF HEALTH AND SENIOR SERVICES

MS-2003-001

