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By Tracy Crews at 10:51 am, Jul 10, 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 500299	NAME OF AGENCY Camdenton Police Department	DATE OF INSPECTION 07/07/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 437 W. US Hwy 54 Camdenton, MO 65020		TIME OF INSPECTION 07:36:00

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>07/07/2023 07:36:03</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>47.6°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>AG306503</u>	EXP. DATE <u>03/06/2025</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: 0.098	TEST 2: 0.097	TEST 3: 0.096
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<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: 10	.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 	PRINT FULL NAME RYAN SCHILDKNECHT	
TYPE II PERMIT NUMBER 210253	EXPIRATION DATE 11/12/2023	TELEPHONE NUMBER 660-543-4573

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



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BLOOD ALCOHOL TEST REPORT - INTOX DMT

FORM #11

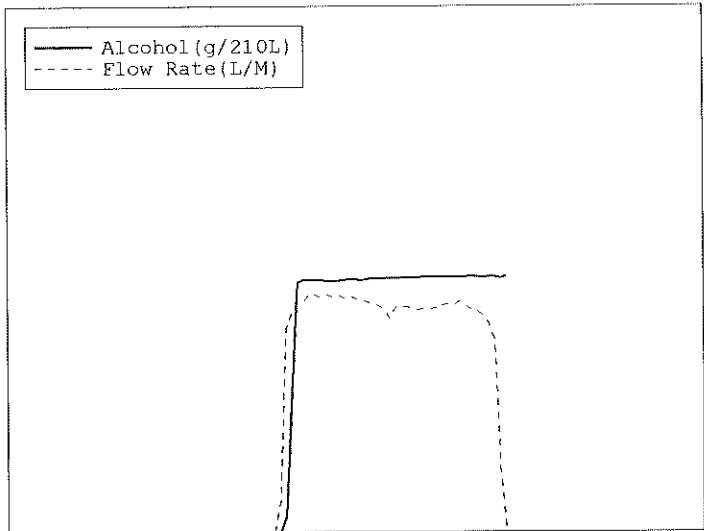
LOCATION OF INSTRUMENT 437 W. US Hwy 54 Camdenton, MO 65020	INSTRUMENT SERIAL NUMBER 500299	DATE OF TEST 07/07/2023	TIME OBSERVATION PERIOD STARTED 07:00	TIME OF TEST 07:44:07
SUBJECT NAME TEST TEST			DATE OF BIRTH 12/12/2000	
SUBJECT DRIVER'S LICENSE NUMBER 1			STATE MO	
ARRESTING OFFICER TEST TEST		ARRESTING OFFICER ID 1		
OPERATOR RYAN SCHILDKNECHT		OPERATOR PERMIT 210253	PERMIT EXP DATE 11/12/2023	
OBSERVER RYAN SCHILDKNECHT		OBSERVER PERMIT 210253	PERMIT EXP DATE 11/12/2023	

OPERATIONAL CHECKLIST: INTOX DMT

- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by RYAN SCHILDKNECHT. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.
- 3. Assure that the power switch is ON and the screen is displaying "Ready <Push Run>".
- 4. Press the Run button on the display screen.
- 5. Enter subject and officer information.
- 6. When display reads "Please Blow" and gives audible beep, insert mouthpiece and take the subject's breath sample.

SUBJECT TEST RESULTS

BLANK TEST	0.000	07:45
INTERNAL STANDARD	VERIFIED	07:45
SUBJECT SAMPLE (Vol=2.67L)	0.098	07:45
BLANK TEST	0.000	07:46



COMMENTS

CERTIFICATION BY OPERATOR

BAC
0.098

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.

SIGNATURE OF OPERATOR

DATE
07/07/2023

WITNESS (IF ANY)

DATE
07/07/2023

CALIBRATION FACTORS

Camdenton Police Department
INTOX dmt: 500299

Date: 07/07/2023
Time: 07:26:12

OPERATOR NAME:
RYAN SCHILDKNECHT
PERMIT NUMBER: 210253
EXPIRATION DATE: 11/12/2023

LOT #: 21380
SUPPLIER: GUTH
EXPIRATION: 09/13/2023

Ca = 0.1000
ADJ = 0.982345 0.800 <= ADJ < 1.200
b1 = 0.0002 0.0000 <= b1 < 0.0040
b2 = 0.0036 0.0010 <= b2 < 0.0100
b3 = 0.0000 0.0000 <= b3 < 0.0040
Xq = 0.1044 0.0500 <= Xq < 0.2500
a21 = 1.150730 1.050 <= a21 < 1.300
a31 = 0.404306 0.300 <= a31 < 0.800





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

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**PERMIT
 TYPE II**

RYAN SCHILDKNECHT

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, INTOXILYZER 8000, INTOX EC/IR II, ASIV W/PRINTER

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 11/12/2021

NUMBER 210253

EXPIRES 11/12/2023

Sandra P. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Rowan

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)

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 SCHILDKNECHT, RYAN
 Permit No 210253
 Date Issued 11/12/2021 Date Expires 11/12/2023