



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 500026	NAME OF AGENCY Hollister Police Department	DATE OF INSPECTION 04/17/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 240 Hollister Pointe Drive		TIME OF INSPECTION 21:38:14

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>04/17/2024 21:38:17</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

SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS LOT # AG331103 EXP. DATE 11/07/2025

SIMULATOR TEMP (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST 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: 0.104 TEST 2: 0.103 TEST 3: 0.103

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: 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 <i>David W Brinegar</i>	PRINT FULL NAME DAVID W BRINEGAR
TYPE II PERMIT NUMBER 230042	EXPIRATION DATE 03/27/2025
	TELEPHONE NUMBER 417-334-3000

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

STANDARD CHANGE

Hollister Police Department
INTOX dmt: 500026

Date: 04/17/2024
Time: 21:24:54

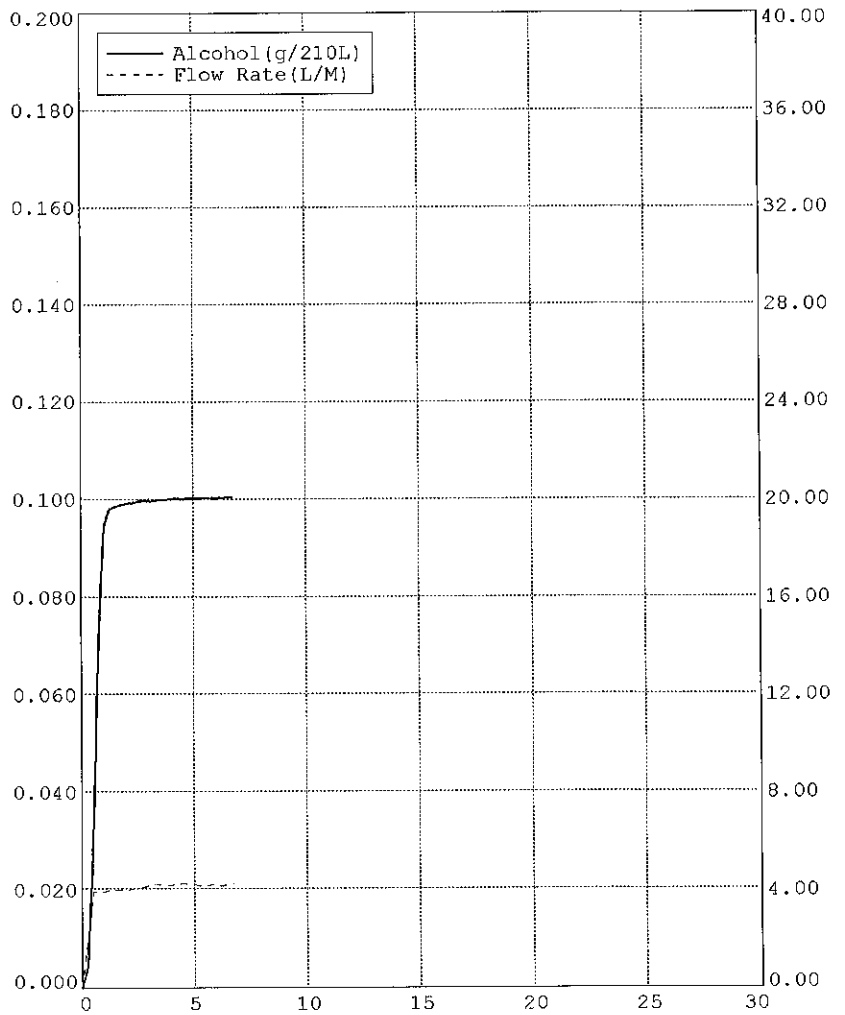
OPERATOR NAME:
DAVID W BRINEGAR
PERMIT NUMBER: 230042
EXPIRATION DATE: 03/27/2025

LOT #: AG331103
SUPPLIER: INTOXIMETERS
EXPIRATION: 11/07/2025
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION
CONCENTRATION: 0.100
TARGET: 0.096

BLANK TEST	0.000	21:25
INTERNAL STANDARD	VERIFIED	21:25
EXTERNAL STANDARD	0.100	21:26
BLANK TEST	0.000	21:27

Average = 0.1000
Std Dev = 0.0000
Spread = 0.0000



DB 508