



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 500261	NAME OF AGENCY Lake Ozark Police Dept.	DATE OF INSPECTION 02/29/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 3162 Bagnell Dam Boulevard, Lake Ozark		TIME OF INSPECTION 08:56:29

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>02/29/2024 08:56:33</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>42.8°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 INTOXMETERS LOT # AG211003 EXP. DATE 04/20/2024

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

RECEIVED
 By Tracy Crews at 3:21 pm, Mar 18, 2024

TEST 1: 0.102	TEST 2: 0.101	TEST 3: 0.101
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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: 0	0-.04: 5	.05-.09: 0	.10-.14: 7	.15-.19: 4	OVER .19: 1
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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)

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME SCOTT PATRICK	
TYPE II PERMIT NUMBER 220136	EXPIRATION DATE 05/11/2024	TELEPHONE NUMBER 573-963-2341

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

AS IV Serial no: 111630
Version no: 532B

TEST RECORD 01064

Temp	Date	Time	s/210L
Air Blank:			
	01/30/24	11:07	.000
Calibration Check:			
18	01/30/24	11:07	.103

Subject Name

test #3

Subject I.D.

Patrick 220136

Operator Name, I.D.

meso

Location

AS IV Serial no: 111630
Version no: 532B

TEST RECORD 01065

Temp	Date	Time	s/210L
Air Blank:			
	01/30/24	11:09	.000
Calibration Check:			
19	01/30/24	11:09	.102

Subject Name

test #2

Subject I.D.

Patrick 220136

Operator Name, I.D.

meso

Location

AS IV Serial no: 111630
Version no: 532B

TEST RECORD 01066

Temp	Date	Time	s/210L
Air Blank:			
	01/30/24	11:10	.000
Calibration Check:			
21	01/30/24	11:10	.101

Subject Name

test #3

Subject I.D.

Patrick 220136

Operator Name, I.D.

meso

Location

AS IV Serial no: 111630
Version no: 532B

TEST RECORD 01067

Temp	Date	Time	s/210L
VOID: RFI			
12	01/30/24	11:12	

Subject Name

RFI test

Subject I.D.

Patrick 220136

Operator Name, I.D.

meso

Location

AS IV Serial no: 111630
Version no: 532B

TEST RECORD 01068

Temp	Date	Time	s/210L
Air Blank:			
	01/30/24	11:13	.000
Subject Test: Auto			
22	01/30/24	11:13	.000

Subject Name

Blank test

Subject I.D.

Patrick 220136

Operator Name, I.D.

meso

Location