



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>500297</b>	NAME OF AGENCY <b>Pacific Police Department</b>	DATE OF INSPECTION <b>02/28/2024</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>300 Hoven Pacific, MO 63069</b>		TIME OF INSPECTION <b>20:58:44</b>

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>02/28/2024 20:58:47</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 # 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

TEST 1: 0.101      TEST 2: 0.101      TEST 3: 0.101

**PERFORM R.F.I. TEST**

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

REFUSALS: 0	0-.04: 1	.05-.09: 1	.10-.14: 0	.15-.19: 0	OVER .19: 0
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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)

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**INSPECTING OFFICER**

SIGNATURE <i>JH Klingler</i>	PRINT FULL NAME <b>JAMES H KLINGLER</b>
TYPE II PERMIT NUMBER <b>220192</b>	EXPIRATION DATE <b>08/03/2024</b>
	TELEPHONE NUMBER <b>636-257-2424</b>

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

STATE OF MISSOURI )  
 )  
COUNTY OF FRANKLIN ) SS

AFFIDAVIT FOR RECORDS

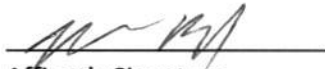
*Before me, the undersigned authority personally appeared, Sgt. James H Klingler 131, and upon being duly sworn by me, deposed as follows:*

My name is Sgt. James Klingler, 131, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of records of the Pacific Police Department's, INTOX DMT SN# 500297. Attached hereto are **3** pages of records for the INTOX DMT SN# 500297 from the Pacific Police Department for the month of January 23, 2024 to February 28, 2024. These pages for the instrument are kept by the Pacific Police Department in the regular course of business, and it is with the regular course of business that an employee of representative to make the record or to transmit information thereof to be included in such records. The records attached hereto are the original or exact duplicates of any and all original records kept by the Pacific Police Department in the regular course of business.

**Sgt. James Klingler**

Affiant's Name-typed or printed

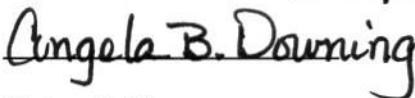


Affiant's Signature

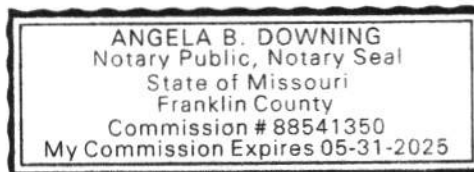
*In witness whereof, I have hereunto subscribed my name affixed my official seal this,*

5<sup>TH</sup> day of MARCH 2024

My Commission expires: 5/31/2025



Notary Public







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



**PERMIT**  
**TYPE II**  
**JAMES H. KLINGLER**

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**

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 8/3/2022

NUMBER 220192

EXPIRES 8/3/2024

*Mike Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David J. Nielson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 KLINGLER, JAMES  
 Permit No 220192  
 Date Issued 8/3/2022 Date Expires 8/3/2024

