



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	NAME OF AGENCY	DATE OF INSPECTION
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION

**CHECKLIST:** Place a mark on the line 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 _____	<input type="checkbox"/> DETECTOR
<input type="checkbox"/> PROGRAM	<input type="checkbox"/> FILTER 1
<input type="checkbox"/> SAMPLE CHAMBER _____	<input type="checkbox"/> FILTER 2
<input type="checkbox"/> BREATH TUBE _____	<input type="checkbox"/> FILTER 3
<input type="checkbox"/> PUMP	<input type="checkbox"/> INTERNAL STANDARD

**BREATH ANALYZER ACCURACY STANDARDS**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER \_\_\_\_\_ LOT # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

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 solution. 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 solution 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: \_\_\_\_\_ TEST 2: \_\_\_\_\_ TEST 3: \_\_\_\_\_

PERFORM R.F.I. TEST

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

REFUSALS	0-.04	.05-.09	.10-.14	.15-.19	OVER .19
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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		PRINT FULL NAME
TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER (    )

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