



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

FORM #11

LOCATION OF INSTRUMENT	INSTRUMENT SERIAL NUMBER	DATE OF TEST	TIME OBSERVATION PERIOD STARTED	TIME OF TEST
SUBJECT NAME			DATE OF BIRTH	
SUBJECT DRIVER'S LICENSE NUMBER			STATE	
ARRESTING OFFICER		ARRESTING OFFICER ID		
OPERATOR		OPERATOR PERMIT	PERMIT EXP DATE	
OBSERVER		OBSERVER PERMIT	PERMIT EXP DATE	

**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 \_\_\_\_\_.  
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**

COMMENTS

<b>CERTIFICATION BY OPERATOR</b>	BAC
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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
WITNESS (IF ANY)	DATE