

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

REPORT #1

「MIOX DMI W	IAINTENANCE REPO	K I		. <u> </u>	KEI OKI FI
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.					
NTOX DMT SN 500016	NAME OF AGENCY Higginsville Police Depa	artment		04/16/2020	
OCATION OF INSTRUMENT (STREET AND C 12 W 19th Street, Higginsvi	ਗਾਨ) lle, MO		-	19:31:25	
CHECKLIST: Place a mark in the values where determined). Unm	ne box by each item if found arked items must be corrected	to be satisfactory or is ed before using instru	operating within ment.	n established limits. (Write	e in observed
☑ DIAGNOSTIC RECORD					
DATE AND TIME04/16/2	2020 19:31:28	⊠ DETE	CTOR		
☑ PROGRAM		☑ FILTE	R 1		
SAMPLE CHAMBER_4	18.8°C	☑ FILTE	R 2		-
BREATH TUBE 46.3°	C	☑ FILTE	ER 3		
☑ PUMP		INTE	RNAL STANDA	RD	
BREATH ANALYZER ACCUR	ACY STANDARDS			···	
☐ SIMULATOR STANDAL	RD	⊠ com	PRESSED ETH	IANOL-GAS MIXTURE	
STANDARD SUPPLIER IN	ITOXIMETERS	LOT#_AG907	710	EXP. DATE <u>03/1</u>	8/2021
☐ SIMULATOR TEMP (34°C :	± 0.2°C)	SIMULATOR SN	s	IMULATOR 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: 0.100	TEST 2: 0.	.099		TEST 3: 0.099	
PERFORM R.F.I. TEST					
NDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS: 0 004: 5	-	.1014	-	.1519: 0	OVER .19: 1
IST ANY NEW PARTS AND DESCRIBE ANY ESTABLISHED LIMITS (USE OTHER SIDE IF	ALTERATION OR MODIFICATION THAT NECESSARY)	WAS MADE TO RESTORE TO	HE INSTRUMENT TO C	PERATE SATISFACTORILY AND V	VITHIN
INSPECTING OFFICER		IPRINT FU	LNAME		
SIGNATURE			ITON L DINO\		
TYPE II PERMIT NUMBER 290226	10/	ATION DATE /01/2021	15 TELEPHONE NUMB 1660-584-21	104	
RETURN COMPLETED REP	Southeast D	nol Program, MO Dep listrict Office Blvd, Poplar Bluff, M		th and Senior Services	



MO 580-0771 (6-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM**



LAB-4 (R6-10)

PERMIT TYPE II

QUINTON L. DINOVI

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 ____10/1/2019______ DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 290226 EXPIRES 10/1/2021 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired a

DINOVI, QUINTON Operator 290226 Permit No

Date Issued 10/1/2019

Date Expires 10/1/2021

