

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

INTOX DMT MAINTENANCE REPORT

REPORT #1

ASSESSMENT OF THE PROPERTY OF	NAME OF THE ORT					
Complete this report at the time of the re Complete this report whenever the instru Retain the original and send a copy withi	ment is serviced or repaire	ed and whenever it	is placed in			
NAME OF AGENCY 500016 Higginsville Police Department			DATE OF INSPECTION 11/27/2020			
LOCATION OF INSTRUMENT (STREET AND CITY) 12 W 19th Street, Higginsville, MO			•	TIME OF INSPECTION 12:03:03		
CHECKLIST: Place a mark in the box b values where determined). Unmarked ite	y each item if found to be s ms must be corrected bef	satisfactory or is op ore using instrume	perating with	nin established limits. (V	Vrite in observed	
☑ DIAGNOSTIC RECORD						
DATE AND TIME 11/27/2020 12	:03:05_	□ DETEC*	TOR			
☑ PROGRAM			1	11.000		
☑ SAMPLE CHAMBER 48.7°C			R 2			
☑ BREATH TUBE 46.6°C ☑ FILTER 3						
☑ PUMP ☑ INTERNAL STANDARD						
BREATH ANALYZER ACCURACY ST	ANDARDS					
☐ SIMULATOR STANDARD			☑ COMPRESSED ETHANOL-GAS MIXTURE			
☑ STANDARD SUPPLIER INTOXIM	IETERS LO	OT# <u>AG907710</u>)	EXP. DATE 0	3/18/2021	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	sıı	M. SN		SIM. NIST EXP DATE		
 CALIBRATION CHECK - (ONLY CRUN three tests using a standard. All of .005 or less. Mark the box corrests 0.10% STANDARD - MUST 0.08% STANDARD - MUST 0.04% STANDARD - MUST 	ponding to the standard b READ BETWEEN 0.095 READ BETWEEN 0.076	eing used. 5% AND 0.105% IN 6% AND 0.084% IN	ICLUSIVE			
TEST 1: 0.099	TEST 2: 0.099			TEST 3: 0.099		
PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREAT	H TESTS IN THE FOLL	OWING RANGES	SINCE TI	HE LAST MAINTENAM	NCE REPORT:	
REFUSALS: 0 004: 0	.0509: 0	.1014: 2		.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSAF	ON OR MODIFICATION THAT WAS M	MADE TO RESTORE THE II	NSTRUMENT TO	OPEŘÁTE SATÍSFÁCTORILY AI	ND WITHIN	
INSPECTING OFFICER						
SIGNATURE		PRINT FULL N QUINT(^{AME} ON L DINC	OVI		
TYPE II PERMIT NUMBER 290226	EXPIRATION 0 10/01/20	DATE T	ELEPHONE NUI 660-584-2	MBER		
RETURN COMPLETED REPORT TO	THE Breath Alcohol Proby mail, fax, or em		epartment o	f Health and Senior Se	rvices	



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



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.

DATE10/1/2019	wonde			
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 290226				
EXPIRES 10/1/2021	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES			
MO 580-0771 (6-10)	LAB-4 (R6-10)			



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 DiNOVI, QUINTON
Permit No 290226

Date Issued 10/1/2019 Date Expires 10/1/2021

