



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 500021	NAME OF AGENCY Odessa Police Department	DATE OF INSPECTION 01/02/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 310 South First St, Odessa MO 64076		TIME OF INSPECTION 00:33:45

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>01/02/2020 00:33:48</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>45.2°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 GUTH LOT # 18370 EXP. DATE 12/05/2020

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2673 SIMULATOR EXP DATE 12/13/2020

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: 0.098 TEST 2: 0.097 TEST 3: 0.098

PERFORM R.F.I. TEST

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

REFUSALS: 2 0-.04: 6 .05-.09: 0 .10-.14: 1 .15-.19: 0 OVER .19: 0

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)

INSPECTING OFFICER

SIGNATURE PRINT FULL NAME
Q L DINOVI

TYPE II PERMIT NUMBER 290226 EXPIRATION DATE 10/01/2021 TELEPHONE NUMBER 660-584-2104

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services
Southeast District Office
2875 James Blvd, Poplar Bluff, MO 63901

STANDARD CHANGE

Odessa Police Department
INTOX dmt: 500021

Date: 01/02/2020
Time: 00:29:21

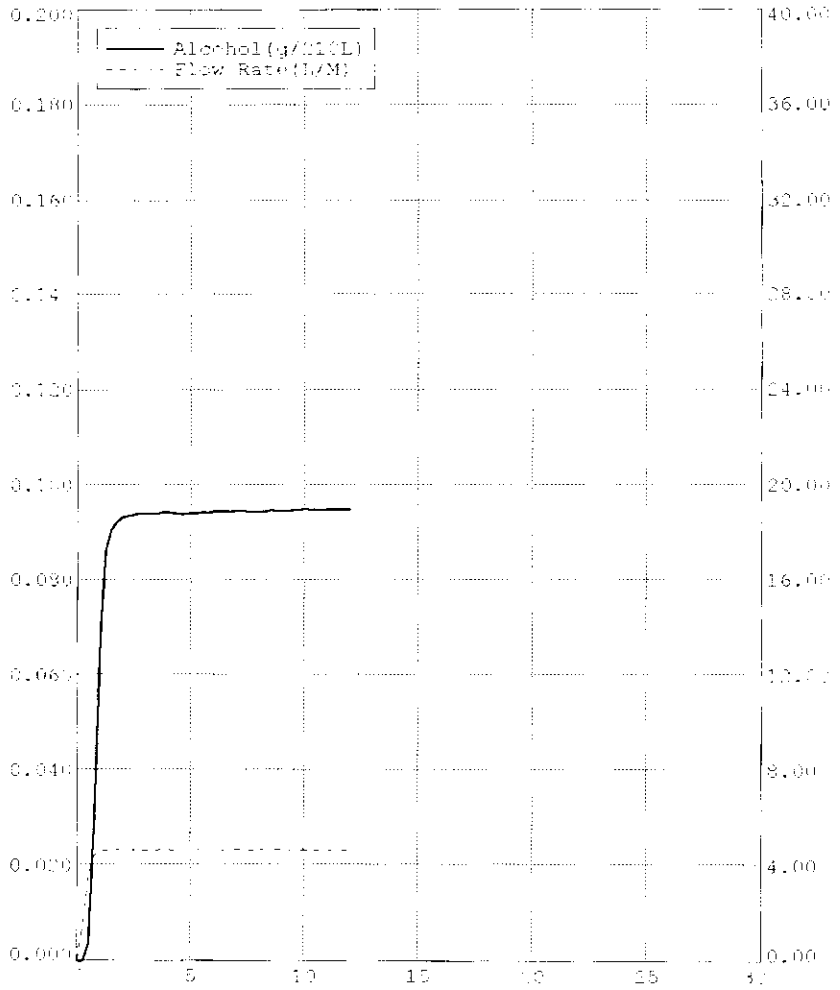
OPERATOR NAME:
Q L DINOVI
PERMIT NUMBER: 290226
EXPIRATION DATE: 10/01/2021

LOT #: 18370
SUPPLIER: GUTH
EXPIRATION: 12/05/2020
SIMULATOR TYPE: WET BATH

STANDARD INFORMATION
CONCENTRATION: 0.100

BLANK TEST	0.000	00:30
INTERNAL STANDARD	VERIFIED	00:30
EXTERNAL STANDARD	0.096	00:30
BLANK TEST	0.000	00:31

Average = 0.0960
Std Dev = 0.0000
Spread = 0.0000



Handwritten signature



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

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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


DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 10/1/2021

MO 580-0771 (6-10)

LAB-4 (R6-10)

 **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 DINOVI, QUINTON
Permit No 290226
Date Issued 10/1/2019 **Date Expires** 10/1/2021



