



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
 BREATH ALCOHOL PROGRAM
INTOX DMT MAINTENANCE REPORT

RECEIVED
 By Stephen Wilson at 8:39 am, Jul 08, 2020

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 500161 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 07/03/2020 |
| LOCATION OF INSTRUMENT (STREET AND CITY) Chariton County SO, Keytesville, MO | | TIME OF INSPECTION 22:37:05 |

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>07/03/2020 22:37:07</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>48.1°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 INTOXIMETERS **LOT #** AG011501 **EXP. DATE** 04/24/2022

SIMULATOR TEMP ($34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$) _____ **SIM. SN** _____ **SIM. NIST EXP DATE** _____

CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
 Run three tests using a standard. All three tests must be within $\pm 5\%$ 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:** 0.100 **TEST 3:** 0.100

PERFORM R.F.I. TEST

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

| | | | | | |
|--------------------|-----------------|-------------------|-------------------|-------------------|--------------------|
| REFUSALS: 0 | 0-.04: 0 | .05-.09: 0 | .10-.14: 0 | .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 LEE C EWIGMAN |
| TYPE II PERMIT NUMBER 200089 | TELEPHONE NUMBER 660-385-2132 |
| EXPIRATION DATE 02/18/2022 | |

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



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



PERMIT
TYPE II
LEE C EWIGMAN

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 2/18/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200089

EXPIRES 2/18/2022

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 EWIGMAN, LEE
 Permit No 200089
 Date Issued 2/18/2020 Date Expires 2/18/2022