



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 500274	NAME OF AGENCY Macon Police Department	DATE OF INSPECTION 06/04/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 301 East Bourke Street, Macon, M.O., 63552		TIME OF INSPECTION 04:05:42

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>06/04/2020 04:05:44</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.9°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 GUTH LOT # 20190 EXP. DATE 04/06/2022

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2668 SIMULATOR EXP DATE 08/22/2020

CALIBRATION CHECK - COMPLETERS ARE REQUIRED TO BE MADE PER MAINTENANCE REPORT

0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 - 0.10% TEST 2 - 0.10% TEST 3 - 0.10%

PERFORM R.F.I. TEST

INDICATE THE NUMBER OF DRIFT 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 20-0

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO SPECIFICATIONS OR TO WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME ANDREE WILLIAMS
TYPE II PERMITS NUMBER 290251	TELEPHONE NUMBER 660-385-2195

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

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



**PERMIT
TYPE II**

ANDRE A WILLIAMS

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 10/18/2019

NUMBER 290251

EVIDENCE 10/19/2019

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)