



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 500282	NAME OF AGENCY Hermann Police Department	DATE OF INSPECTION 01/08/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 1902 Jefferson Street Hermann		TIME OF INSPECTION 11:29:11

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.

<input checked="" type="checkbox"/> DIAGNOSTIC RECORD	
DATE AND TIME <u>01/08/2020 11:29:13</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>44.2°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS	
<input type="checkbox"/> SIMULATOR STANDARD	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG907710</u> EXP. DATE <u>03/18/2021</u>
<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C)	SIMULATOR SN _____ SIMULATOR EXP DATE _____

<input checked="" type="checkbox"/> 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.	
<input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1: 0.101	TEST 2: 0.101	TEST 3: 0.100
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST
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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: 1
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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)

msc lab
 cleaned and resealed IR bench
 reattached silver wire on left side of instrument board

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME SCOTT GARY
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TYPE II PERMIT NUMBER 280210	EXPIRATION DATE 06/11/2020	TELEPHONE NUMBER 660-543-4573
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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**

CALIBRATION FACTORS

Hermann Police Department
INTOX dmt: 500282

Date: 01/08/2020
Time: 11:19:05

OPERATOR NAME:
SCOTT GARY
PERMIT NUMBER: 280210
EXPIRATION DATE: 06/11/2020

LOT #: 18200
SUPPLIER: GUTH
EXPIRATION: 07/03/2020

Ca	=	0.1000		
ADJ	=	0.981541	0.800 <=	ADJ < 1.200
b1	=	0.0008	0.0000 <=	b1 < 0.0040
b2	=	0.0035	0.0010 <=	b2 < 0.0100
b3	=	0.0009	0.0000 <=	b3 < 0.0040
Xq	=	0.1001	0.0500 <=	Xq < 0.2500
a21	=	1.121715	1.050 <=	a21 < 1.300
a31	=	0.561829	0.300 <=	a31 < 0.800





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



PERMIT
TYPE II
SCOTT GARY

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, INTOXILYZER 8000, INTOX EC/IR II, ASIV W/PRINTER

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 6/11/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 280210

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 6/11/2020

MO 580-0771 (6-10)

LAB-4 (18-10)

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 GARY, SCOTT
 Permit No 280210
 Date Issued 6/11/2018 Date Expires 6/11/2020