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By Tracy Crews at 9:58 am, Jan 17, 2020



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 11:37:41

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>01/08/2020 11:37:43</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>45.4°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

<input checked="" type="checkbox"/> SIMULATOR STANDARD	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH</u>	LOT # <u>18200</u>	EXP. DATE <u>07/03/2020</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u>	SIMULATOR SN <u>MP2107</u>	SIMULATOR EXP DATE <u>01/06/2021</u>

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: 0.101	TEST 2: 0.101	TEST 3: 0.100
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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
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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

INSPECTING OFFICER

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

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

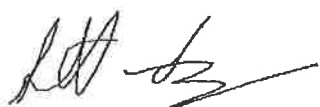
Hermann Police Department  
INTOX dmt: 500282

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

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**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

NUMBER 280210

EXPIRES 6/11/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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