



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

RECEIVED

By Tracy Crews at 8:26 am, Oct 05, 2020

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 500283	NAME OF AGENCY Winfield Police Department	DATE OF INSPECTION 10/02/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 51 Harry's Way Winfield, Missouri		TIME OF INSPECTION 16:57:16

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>10/02/2020 16:57:18</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER 48.9°C	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE 45.8°C	<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 #** AG005803 **EXP. DATE** 02/27/2022

SIMULATOR TEMP (34°C ± 0.2°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 ±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: 0.099 **TEST 2: 0.099** **TEST 3: 0.099**

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)

maint

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME RICHARD A DALEEN
TYPE II PERMIT NUMBER 290140	EXPIRATION DATE 06/27/2021
TELEPHONE NUMBER	

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