



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 500300	NAME OF AGENCY BONNE TERRE POLICE DEPARTMENT	DATE OF INSPECTION 11/22/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 118 N. ALLEN STREET BONNE TERRE MO. 63628		TIME OF INSPECTION 06:11:13

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>11/22/2020 06:11:15</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>47.6°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

<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH</u>	LOT # <u>20190</u>	EXP. DATE <u>04/06/2022</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>DR3615</u>	SIM. NIST EXP DATE <u>01/13/2021</u>

<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: <u>0.098</u>	TEST 2: <u>0.099</u>	TEST 3: <u>0.099</u>
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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: <u>1</u>	.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)

WITHIN STANDARDS

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME DOUG S CALVERT
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TYPE II PERMIT NUMBER 290188	EXPIRATION DATE 08/21/2021	TELEPHONE NUMBER 573-701-7733
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RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services  
by mail, fax, or email

HS IV Serial no: 102458  
Version no: 532B

TEST RECORD 00790

Temp Date Time 210L

Air Blank: 11/26/20 09:23 .000  
Calibration Check: 22 11/26/20 09:23 .096

Subject Name  
Smelter #1  
Subject I.D.

Operator Name, I.D.  
M Jones 200108  
Location  
B7D

HS IV Serial no: 102458  
Version no: 532B

TEST RECORD 00791

Temp Date Time 210L

Air Blank: 11/26/20 09:24 .080  
Calibration Check: 23 11/26/20 09:24 .096

Subject Name  
Smelter #2  
Subject I.D.

Operator Name, I.D.  
M Jones 200108  
Location  
B7D

HS IV Serial no: 102458  
Version no: 532B

TEST RECORD 00792

Temp Date Time 210L

Air Blank: 11/26/20 09:26 .080  
Calibration Check: 24 11/26/20 09:26 .095

Subject Name  
Smelter #3  
Subject I.D.

Operator Name, I.D.  
M Jones 200108  
Location  
B7D

HS IV Serial no: 102458  
Version no: 532B

TEST RECORD 00793

Temp Date Time 210L

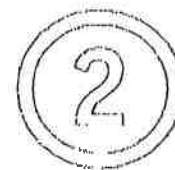
VOID: REI  
12 11/26/20 09:27

Subject Name  
RFI  
Subject I.D.

Operator Name, I.D.  
M Jones 200108  
Location  
B7D



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



PERMIT  
TYPE II

STUART W HUGHES

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH 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 6/15/2020

NUMBER 200188

EXPIRES 6/15/2022

*[Signature]*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580 0774 (0-10)

LAB-4 (80-10)

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 HUGHES, STUART  
Permit No 200188  
Date Issued 6/15/2020 Date Expires 6/15/2022