



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

INTOX DMT MAINTENANCE REPORT

REPORT #

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 500041 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 02/06/2021 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 14 South Water, Liberty, Missouri | | TIME OF INSPECTION 04:52:03 |

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>02/06/2021 04:52:05</u> | <input checked="" type="checkbox"/> DETECTOR |
| <input checked="" type="checkbox"/> PROGRAM | <input checked="" type="checkbox"/> FILTER 1 |
| <input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u> | <input checked="" type="checkbox"/> FILTER 2 |
| <input checked="" type="checkbox"/> BREATH TUBE <u>44.7°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>AG004403</u> | EXP. DATE <u>02/13/2022</u> |
| <input type="checkbox"/> 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: 1 | 0-.04: 0 | .05-.09: 0 | .10-.14: 0 | .15-.19: 1 | OVER .19: 2 |
|--------------------|-----------------|-------------------|-------------------|-------------------|--------------------|

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)

INSPECTING OFFICER

| | |
|-----------------------------|--|
| SIGNATURE <i>M #1256</i> | PRINT FULL NAME BRUCE E THOMAN |
|-----------------------------|--|

| | | |
|--|--------------------------------------|---|
| TYPE II PERMIT NUMBER 290293 | EXPIRATION DATE 12/16/2021 | TELEPHONE NUMBER 816-622-0800 |
|--|--------------------------------------|---|

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



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



PERMIT
TYPE II
BRUCE E THOMAN

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 12/16/2019

NUMBER 290293

EXPIRES 12/16/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 THOMAN, BRUCE
Permit No 290293
Date Issued 12/16/2019 **Date Expires** 12/16/2021



RECEIVED

By Stephen Wilson at 11:59 am, Dec 12, 2019

APPROVED

By Stephen Wilson at 11:59 am, Dec 12, 2019



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

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

| | | | |
|--|--|---|-----------|
| THIS APPLICATION IS FOR <input type="checkbox"/> NEW PERMIT <input checked="" type="checkbox"/> RENEWAL | | CURRENT PERMIT NUMBER AND EXPIRATION DATE 280062 01/24/2020 | |
| PRINT FULL NAME Bruce Edward Thoman | | TITLE Corporal | AGE 45 |
| [REDACTED] | | A disclosure concerning your SSN number is available at: http://www.health.mo.gov/lab/breathalcohol/ | |
| DEPARTMENT OR TROOP A | | TELEPHONE (816) 622-0800 | |
| BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) 504 SE Blue Parkway, Lees Summit, MO, 64063 | | | |
| EMAIL ADDRESS bruce.thoman@mshp.dps.mo.gov | | | |

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

| DATES OF COURSE | LOCATION OF COURSE | COURSE LENGTH (HRS.) | NAME & MODEL OF BREATH ANALYZER | PLACE A ✓ BESIDE INSTRUMENTS FOR WHICH YOU REQUEST | NAME OF INSTRUCTOR |
|-----------------|--------------------|----------------------|---------------------------------|--|--------------------|
| 07/2010 | MSHP Academy | 40 | BAC Datamaster | <input type="checkbox"/> | Cummings |
| 08/2012 | MSC/ UCMO | 40 | Supervisor course | <input type="checkbox"/> | Welsh |
| 08/2012 | MSC/ UCMO | 16 | BAC Datamaster | <input type="checkbox"/> | Welsh |
| 04/2013 | MSHP Academy | 12 | Intox DMT | <input checked="" type="checkbox"/> | Carver |

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

| MANUFACTURER AND NAME OF INSTRUMENT | NUMBER OF MAINTENANCE REPORTS | NUMBER OF SUBJECT TESTS |
|-------------------------------------|-------------------------------|-------------------------|
| 1. Intox DMT | 2 OK SGW | 60 OK SGW |
| 2. | | |
| 3. | | |

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

| | |
|----------------------------|--------------------|
| SIGNATURE OF APPLICANT | DATE 12/07/2019 |
|----------------------------|--------------------|

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901