



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

RECEIVED

By Tracy Crews at 11:53 am, Jun 08, 2021

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.

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| INTOX DMT SN 500076 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 05/28/2021 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 300 E. Water St., Mount Vernon | | TIME OF INSPECTION 17:32:48 |

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.

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| <input checked="" type="checkbox"/> DIAGNOSTIC RECORD |
| DATE AND TIME <u>05/28/2021 17:32:50</u> <input checked="" type="checkbox"/> DETECTOR |
| <input checked="" type="checkbox"/> PROGRAM <input checked="" type="checkbox"/> FILTER 1 |
| <input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u> <input checked="" type="checkbox"/> FILTER 2 |
| <input checked="" type="checkbox"/> BREATH TUBE <u>45.8°C</u> <input checked="" type="checkbox"/> FILTER 3 |
| <input checked="" type="checkbox"/> PUMP <input checked="" type="checkbox"/> INTERNAL STANDARD |

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| BREATH ANALYZER ACCURACY STANDARDS | |
| <input type="checkbox"/> SIMULATOR STANDARD | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |

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| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u> LOT # <u>AG11501</u> EXP. DATE <u>04/24/2022</u> |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST EXP DATE _____ |

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| <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: 0.098 | TEST 2: 0.098 | TEST 3: 0.098 |
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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: 1 | 0-.04: 0 | .05-.09: 1 | .10-.14: 2 | .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 | PRINT FULL NAME S C JONES | |
| TYPE II PERMIT NUMBER 200141 | EXPIRATION DATE 03/17/2022 | TELEPHONE NUMBER 417-895-6868 |

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