

**RECEIVED**

By Tracy Crews at 8:30 am, Nov 12, 2021

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 <b>500192</b>	NAME OF AGENCY <b>NEVADA POLICE DEPARTMENT</b>	DATE OF INSPECTION <b>11/12/2021</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>120 SOUTH ASH ST, NEVADA, MO 64772</b>		TIME OF INSPECTION <b>06:03:08</b>

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 11/12/2021 06:03:10 DETECTOR PROGRAM FILTER 1 SAMPLE CHAMBER 48.7°C FILTER 2 BREATH TUBE 45.5°C FILTER 3 PUMP INTERNAL STANDARD**BREATH ANALYZER ACCURACY STANDARDS** SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE STANDARD SUPPLIER INTOXIMETERS LOT # AG012501 EXP. DATE 05/04/2022 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: 0.081

TEST 2: 0.080

TEST 3: 0.080

 **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: 1

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)

NOV MAINT

**INSPECTING OFFICER**

SIGNATURE

PRINT FULL NAME

**JOSHUA R MULLIN**

TYPE II PERMIT NUMBER

**210027**

EXPIRATION DATE

**02/20/2023**

TELEPHONE NUMBER

**417-448-5100**

RETURN COMPLETED REPORT TO THE

Breath Alcohol Program, Missouri Department of Health and Senior Services  
by mail, fax, or email

