

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

INTOX DMT	MAINTENANC	E REPORT	Γ				8.7	REPORT #1
Complete this report at the tim Complete this report wheneve Retain the original and send a	r the instrument is	serviced or rep	aired and w	henever it is plac				
NAME OF AGENCY 500247 NAME OF AGENCY Higginsville Police Department						DATE OF INSPECTION 02/25/2021		
LOCATION OF INSTRUMENT (STREET AND CITY) 12 West 19th St., Higginsville, MO 64037						TIME OF INSPECTION 11:29:50		
CHECKLIST: Place a mark ir values where determined). Un	n the box by each ite	em if found to I	be satisfact before usin	ory or is operating instrument.	g within	established limits.	. (Write in observ	ed
☑ DIAGNOSTIC RECORD								
DATE AND TIME 02/25	5/2021 11:29:53		X	DETECTOR				
☑ PROGRAM			×	☑ FILTER 1				
☑ SAMPLE CHAMBER 48.8°C			X	☑ FILTER 2				
☐ BREATH TUBE 45.6°C ☐ ☐ FILTER 3					3			
□ PUMP □ INTERNAL STANDARD								
BREATH ANALYZER ACCU	JRACY STANDAR	DS						
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE						3		
STANDARD SUPPLIER_	INTOXIMETERS	3	LOT#_A	G907710		EXP. DATE_	03/18/2021	_
☐ SIMULATOR TEMP (34°C	C ± 0.2°C)		SIM. SN_		SII	M. NIST EXP DAT	TE	
 CALIBRATION CHECK - Run three tests using a st of .005 or less. Mark the □ 0.10% STANDAF □ 0.08% STANDAF □ 0.04% STANDAF 	box corresponding RD - MUST READ RD - MUST READ	to the standar BETWEEN 0.0 BETWEEN 0.0	d being use 095% AND 076% AND	ed. 0.105% INCLUS 0.084% INCLUS	SIVE	must have a sprea	ad	
TEST 1: 0.101 TEST 2: 0.						TEST 3: 0.100		
□ PERFORM R.F.I. TEST								
INDICATE THE NUMBER O	OF BREATH TEST	S IN THE FO	LLOWING	RANGES SINC	CE THE	LAST MAINTEN	NANCE REPOR	Т:
REFUSALS: 0 004	l: 0	.0509: 0		.1014: 0		.1519: 1	OVER .1	9: 0
LIST ANY NEW PARTS AND DESCRIBE / ESTABLISHED LIMITS (USE OTHER SIDE		IFICATION THAT WA	AS MADE TO RE	STORE THE INSTRUM	ENT TO OF	ERATE SATISFACTORIL	Y AND WITHIN	
INSPECTING OFFICER SIGNATURE	â.			PRINT FULL NAME QUINTON L I	DINOV	I		
TYPE II PERMIT NUMBER 290226		EXPIRATION 10/01	ON DATE 1/2021		584-21			
RETURN COMPLETED RE	L	Breath Alcohol by mail, fax, or		Missouri Departm	nent of H	lealth and Senior	Services	



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



PERMIT TYPE II

QUINTON L. DINOVI

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

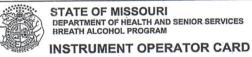
INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections

DATE10/1/2019	hu no
DATE10/1/2019	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 290226	211111
EXPIRES 10/1/2021	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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

577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DINOVI, QUINTON

290226

Date Expires 10/1/2021

