

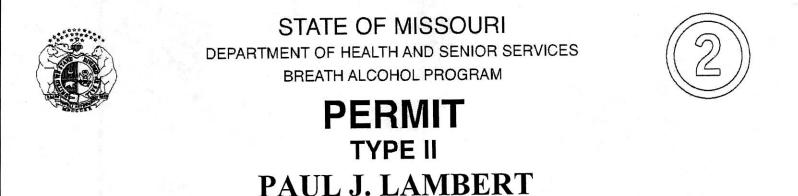
## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT

RECEIVED By Tracy Crews at 8:56 am, Jun 03, 2021

**REPORT #1** 

Complete this report at the tim Complete this report wheneve Retain the original and send a	r the instrument is service	ed or repaired	and wheneve	er it is placed in				
INTOX DMT SN 500257						DATE OF INSPECTION 06/02/2021		
LOCATION OF INSTRUMENT (STREET AND CITY) 200 N. Bourbeuse Street, St. James, MO 65559					TIME OF INSPECTION 16:42:27			
CHECKLIST: Place a mark in values where determined). Un	the box by each item if f marked items must be co	ound to be sa prrected befor	itisfactory or is e using instru	operating with ment.	in established limits	. (Write in observed		
DIAGNOSTIC RECORD								
DATE AND TIME 06/02	2/2021 16:42:30		DETE	CTOR				
PROGRAM			S FILTER 1					
SAMPLE CHAMBER	48.7°C		S FILTE	ER 2				
BREATH TUBE 45.7	″°C			ER 3				
DUMP			INTERNAL STANDARD					
BREATH ANALYZER ACCU	RACY STANDARDS							
SIMULATOR STAND	ARD		🗆 сом	PRESSED ET	HANOL-GAS MIXT	URE		
STANDARD SUPPLIER	GUTH	LOT # 20420			EXP. DATE 09/22/2022			
SIMULATOR TEMP (34°C	C ± 0.2°C) 34.0	SIM.	SN MP292	<u>.7                                    </u>	SIM. NIST EXP DA	TE 11/12/2021		
 □ 0.08% STANDAR		e standard bei /EEN 0.095% /EEN 0.076%	ng used. AND 0.105% AND 0.084%	NCLUSIVE				
TEST 1: 0.096		TEST 2: 0.096			TEST 3: 0.096			
DERFORM R.F.I. TEST					Ā.,			
INDICATE THE NUMBER O	F BREATH TESTS IN	THE FOLLO	WING RANG	ES SINCE TH	E LAST MAINTEN	NANCE REPORT:		
REFUSALS: 0 004	: 0 .050	09: <b>0</b>	.1014:	0	.1519: <b>0</b>	OVER .19: 0		
LIST ANY NEW PARTS AND DESCRIBE A ESTABLISHED LIMITS (USE OTHER SIDE	NY ALTERATION OR MODIFICATIO	ON THAT WAS MAD	DE TO RESTORE TH	IE INSTRUMENT TO	OPERATE SATISFACTORIL	Y AND WITHIN		
SIGNATURE			PRINT FUL					
p/			41 - 1953-56-1943-5	J LAMBERT	9 			
TYPE II PERMIT NUMBER 210089		EXPIRATION DAT 04/30/202		573-426-3				
RETURN COMPLETED REP	by mail	Alcohol Prog , fax, or email			Health and Senior	Services		



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.

4/30/2021 DATE .

NUMBER 210089

EXPIRES 4/30/2023

MO 580-0771 (6-10)

wante

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB-4 (R6-10)

	STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICE	ES
	BREATH ALCOHOL PROGRAM	RD
The named car instrument for t in Missouri.	dholder is authorized to operate an evidential breath alcoh he determination of the alcoholic content in breath form of	ol expired air
Operator Permit No	LAMBERT, PAUL	
Date Issued		
	[1] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	