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By Tracy Crews at 12:19 pm, Jul 09, 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 Complete this report whenever the in Retain the original and send a copy w	strument is serviced or rep	aired and whenever	it is placed into			
INTOX DMT SN NAME OF AGENCY 500257 St. James Police Dept				DATE OF INSPECTION 07/06/2021		
LOCATION OF INSTRUMENT (STREET AND CITY) 200 N. Bourbeuse Street, St. James, MO 65559				TIME OF INSPECTION 15:48:43		
CHECKLIST: Place a mark in the bovalues where determined). Unmarked	ox by each item if found to l	be satisfactory or is before using instrum	operating withir nent.	established limits	s. (Write in observed	
☑ DIAGNOSTIC RECORD						
DATE AND TIME07/06/2021 15:48:45 DETECTOR						
☑ PROGRAM ☑ FILTER 1						
☑ SAMPLE CHAMBER 48.9°C ☑ FILTER 2						
☑ BREATH TUBE 48.1°C ☑ FILTER 3						
The state of the s			☑ INTERNAL STANDARD			
BREATH ANALYZER ACCURACY	STANDARDS					
☑ SIMULATOR STANDARD ☐ COMPF			RESSED ETH	RESSED ETHANOL-GAS MIXTURE		
☑ STANDARD SUPPLIER GUTH		LOT# 20420		EXP. DATE <u>09/22/2022</u>		
SIMULATOR TEMP (34°C ± 0.2°	°C) 34.0	SIM. SN MP2927	7SI	M. NIST EXP DA	TE 11/12/2021	
□ CALIBRATION CHECK - (ONL Run three tests using a standard of .005 or less. Mark the box com 0.10% STANDARD - MU □ 0.08% STANDARD - MU □ 0.04% STANDARD - MU	responding to the standard JST READ BETWEEN 0.0 JST READ BETWEEN 0.0	d being used. 195% AND 0.105% 176% AND 0.084%	INCLUSIVE INCLUSIVE	must have a spire	\$\tau_{\text{\tin}\text{\tint{\text{\te}\tint{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\texit{\text{\tin}\text{\tex{\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\tinz{\text{\texi}\text{\text{\texitit{\text{\texi}\text{\texit{\texi{\texi{\texi{\texi{\texi{\texi{\texi}\tint{\texi{\texi{\texi{\texi{\ti}\texit{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\	
TEST 1: 0.096	TEST 2: 0.09	5		TEST 3: 0.096		
PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BRE	ATH TESTS IN THE FO	LLOWING RANGE	S SINCE THE	LAST MAINTE	NANCE REPORT:	
REFUSALS: 0 004: 0	.0509: 1	.1014: (0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTER ESTABLISHED LIMITS (USE OTHER SIDE IF NECES		S MADE TO RESTORE THE	EINSTRUMENT TO OF	PERATE SATISFACTORI	LY AND WITHIN	
INSPECTING OFFICER						
SIGNATURE		PRINT FULL PAUL	NAME J LAMBERT			
TYPE II PERMIT NUMBER / 210089	EXPIRATIO 04/30		573-426-38			
RETURN COMPLETED REPORT	TO THE Breath Alcohol I by mail, fax, or e	Program, Missouri [email	Department of H	lealth and Senior	Services	



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM**



PERMIT TYPE II PAUL J. LAMBERT

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

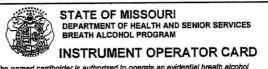
INTOX DMT

for the determination of the alcoholic content of blood from a sample of exp	ired air. Permit issued under the provisions of sections
577.020 through 577:041, RSMo and 306.111 through 306.119 RSMo.	

DATE	4/30/2021	want
DATE		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
	210089	The Knight
EXPIRES	4/30/2023	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
		1.40.4.700.40

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 a

Operator

LAMBERT, PAUL

Permit No 210089

Date Expires 4/30/2023

