

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 p Complete this report whenever the instrument is service Retain the original and send a copy within 15 days to th	d or repaired and w	henever it is placed in	5 2	
NAME OF AGENCY St. James Police Dept			09/07/2021	
LOCATION OF INSTRUMENT (STREET AND CITY) 200 N. Bourbeuse Street, St. James, MO 65559		TIME OF INSPECTION 15:04:35	5	
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 <u>09/07/2021 15:04:37</u>	X	DETECTOR		
☑ PROGRAM	FILTER 1			
☑ SAMPLE CHAMBER 48.7°C ☑ FILTER 2				
☑ BREATH TUBE 46.9°C ☑ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS				
☑ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE				IRE
☑ STANDARD SUPPLIER GUTH	LOT#_20	0420	EXP. DATE	09/22/2022
☑ SIMULATOR TEMP (34°C ± 0.2°C) 34.0	SIM. SN_I	ИР2927 S	SIM. NIST EXP DATI	E 11/21/2021
 □ 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: 0.096 TEST	2: 0.096		TEST 3: 0.096	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
REFUSALS: 0 004: 0 .050	9: 0	1014: 1	.1519: 0	OVER .19: 0
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	Ip.	RINT FULL NAME		
TYPE II PERMIT NUMBER	EXPIRATION DATE	PAUL J LAMBERT		*
210089 RETURN COMPLETED REPORT TO THE Breath	04/30/2023	573-426-3		
Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email				



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE || 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 expired air. Permit issued under the provisions of sections

	4/20/2021	hun
DATE 4/30/2021	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY	
NUMBER	210089	The factor of the same of the
EXPIRES	4/30/2023	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR 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.

Operator

577.020 through 577.041, RSMe and 306.111 through 306.119 RSMo.

LAMBERT, PAUL

Permit No 21008

ate Issued 4/30/2021 Date Expires 4/30/2023

