

By Tracy Crews at 8:40 am, Oct 07, 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 Complete this report whenever the instrument is service Retain the original and send a copy within 15 days to the	ed or repaired and whenever it is plac	60		
INTOX DMT SN S00257  NAME OF AGENCY St. James Police I	DATE OF INSPECTION 10/05/2021			
LOCATION OF INSTRUMENT (STREET AND CITY) 200 N. Bourbeuse Street, St. James, MO 65559	)	TIME OF INSPECTION 14:04:46	" p	
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 10/05/2021 14:04:48	☑ DETECTOR	*		
☑ PROGRAM	☑ FILTER 1	☑ FILTER 1		
☑ SAMPLE CHAMBER 48.8°C	☐ FILTER 2	☑ FILTER 2		
☑ BREATH TUBE 46.4°C	☑ FILTER 3	☐ FILTER 3		
☐ PUMP ☐ INTERNAL STANDARD		ANDARD		
BREATH ANALYZER ACCURACY STANDARDS				
☑ SIMULATOR STANDARD	☐ COMPRESSE	D ETHANOL-GAS MIXTUR	RE	
☑ STANDARD SUPPLIER GUTH	LOT# 20420	EXP. DATE <u>0</u>	9/22/2022	
	SIM. SN MP2927	SIM. NIST EXP DATE	11/21/2021	
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: 0.095  TEST 2: 0.095  TEST 3: 0.095				
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING RANGES SINC	E THE LAST MAINTENA	NCE REPORT:	
REFUSALS: 0 004: 0 .050	09: 0 .1014: 0	.1519: 2	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)  INSPECTING OFFICER		ENT TO OPERATE SATISFACTORILY A	ND WITHIN	
TYPE II PERMIT NUMBER 210089  RETURN COMPLETED REPORT TO THE Proof	04/30/2023 573-4	ie number 26-3860		
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 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):

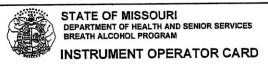
## INTOX DMT

for the determination of the alcoholic content of blood from a sample of ex	xpired 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
NUMBER	210089	The knight
EVDIBEO	4/30/2023	
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

LAMBERT, PAUL

Permit No 210089

Date Expires 4/30/2023

