

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

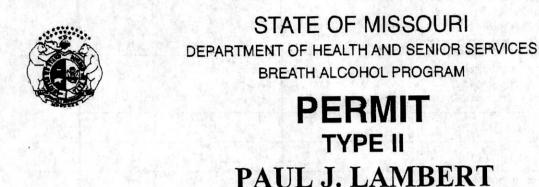
BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT

RECEIVED By Tracy Crews at 3:48 pm, Dec 07, 2021

REPORT #1

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.						
INTOX DMT SN 500257 NAME OF AGENCY St. James Police Dept				DATE OF INSPECTION 12/07/2021		
LOCATION OF INSTRUMENT (STREET AND CITY) 200 N. Bourbeuse Street, St. James, MO 65559				TIME OF INSPECTION 13:12:56		
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.						
DATE AND TIME 12/07/2021 13:12:58						
PROGRAM			I FILTER 1			
SAMPLE CHAMBER 48.7°C SILTER 2						
BREATH TUBE 44.4°C SILTER 3						
☑ PUMP					- A.	
BREATH ANALYZER ACCURACY STANDARDS						
SIMULATOR STANDARD			COMPRESSED ETHANOL-GAS MIXTURE			
STANDARD SUPPLIER GUTH		LOT #	20420	EXP. DATE 09/22/2022		
14 August and	P (34°C ± 0.2°C) <u>34.0</u> ECK - (ONLY ONE ST ng a standard. All three te			SIM. NIST EXP DATE	10/20/2022	
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: 0.098 T		TEST 2: 0.097		TEST 3: 0.097		
PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT					CE REPORT:	
REFUSALS: 0	004: 1	.0509: 0	.1014: 0	.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	-		PRINT FULL NAME PAUL J LAMBERT			
TYPE II PERMIT NUMBER		EXPIRATION DATE TELEPHONE NU 04/30/2023 573-426-				
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email						
MO 580-2898 (5-19) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER LAB-166 services provided on a nondiscriminatory basis						





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)

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DIRECTOR OF STATE PUBLIC HEALTH LABORATORY ne

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LA6-4 (R6-10)



