



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 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 500293	NAME OF AGENCY Jefferson City Police Department	DATE OF INSPECTION 06/26/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 401 Monroe St Jefferson City, MO		TIME OF INSPECTION 07:03:26

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 RECORDDATE AND TIME 06/26/2021 07:03:31 DETECTOR PROGRAM FILTER 1 SAMPLE CHAMBER 48.8°C FILTER 2 BREATH TUBE 46.6°C FILTER 3 PUMP INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

 SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE STANDARD SUPPLIER INTOXIMETERS LOT # AG931104 EXP. DATE 11/07/2021 SIMULATOR TEMP (34°C ± 0.2°C) _____

SIM. SN _____

SIM. NIST EXP DATE _____

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: 0.100

TEST 2: 0.100

TEST 3: 0.101

 PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 1

0-.04: 20

.05-.09: 0

.10-.14: 3

.15-.19: 1

OVER .19: 1

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

JEFFREY E SKINNER

TYPE II PERMIT NUMBER
200229EXPIRATION DATE
08/19/2022TELEPHONE NUMBER
573-634-6400

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services
by mail, fax, or email