

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 month Complete this report whenever the instrument is sen Retain the original and send a copy within 15 days to	viced or repaired and whenev	er it is placed i			
INTOX DMT SN NAME OF AGENCY 500016 Higginsville Police	NAME OF AGENCY Higginsville Police Department			04/03/2022	
LOCATION OF INSTRUMENT (STREET AND CITY) 12 W 19th Street, Higginsville, MO			TIME OF INSPECTION 12:10:39		
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	if found to be satisfactory or is corrected before using instru	s operating wit	hin established limits.	(Write in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>04/03/2022 12:10:41</u> ☑ DETECTOR					
☑ PROGRAM ☑ FILTER 1					
SAMPLE CHAMBER 48.8°C ☑ FILTER 2					
☑ BREATH TUBE 47.2°C ☑ FILTER 3					
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARDS					
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE					
STANDARD SUPPLIER INTOXIMETERS	ERSLOT#_AG111705		EXP. DATE <u>04/27/2023</u>		
SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE		
□ CALIBRATION CHECK - (ONLY ONE STAND Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to t □ 0.10% STANDARD - MUST READ BET □ 0.08% STANDARD - MUST READ BET □ 0.04% STANDARD - MUST READ BET	he standard being used. 「WEEN 0.095% AND 0.105% 「WEEN 0.076% AND 0.084%	6 INCLUSIVE	nd must nave a sprea	a	
TEST 1: 0.100 TE	TEST 2: 0.100		TEST 3: 0.100		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS IN	N THE FOLLOWING RANG	ES SINCE T	HE LAST MAINTENA	ANCE REPORT:	
REFUSALS: 0 0-,04: 5 .05	09: 1 .1014:	: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICA ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).	TION THAT WAS MADE TO RESTORE TO	HE INSTRUMENT TO	OPERATE SATISFACTORILY	AND WITHIN	
INSPECTING OFFICER			الجينة أكث أأجرت		
SIGNATURE	PRINT FULL NAME QUINTON L DINC		VI	With Broke Till a sil	
TYPE II PERMIT NUMBER 210224	EXPIRATION DATE 10/05/2023	TELEPHONE NUM 660-584-2	BER		
RETURN COMPLETED REPORT TO THE Breat by ma	th Alcohol Program, Missouri ail, fax, or email	Department of	Health and Senior Se	ervices	



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

QUINTON L. DINOVI

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

or the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of section	กร
577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.	

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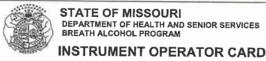
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Laura 9- Nay-

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired all in Missouri.

Operator DINOVI, QUINTON

Permit No 210224

Date Issued 10/5/2021 Date Expires 10/5/2023

