RECEIVED

By Tracy Crews at 7:42 am, Apr 08, 2022



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

REPORT #1

XOINI VARION	DIVIT MAIN	TENANCE REPORT					
Complete this report w	the time of the regular monthly preventive maintenance check (not to exceed 35 days). nenever the instrument is serviced or repaired and whenever it is placed into service. send a copy within 15 days to the Breath Alcohol Program, DHSS.						
INTOX DMT SN 500060	NAME OF AGENCY Missouri State Highway Patrol				04/07/2022		
LOCATION OF INSTRUMENT (S Taney County She	iff's Office - Forsyth				TIME OF INSPECTION 16:39:02		
CHECKLIST: Place a values where determin	mark in the bo	x by each item if found to be items must be corrected by	pe satisfactory or is operated by the satisfactory of the satisfactory	operating with ent.	hin established limits. (\	Write in observed	
☑ DIAGNOSTIC RE	CORD						
DATE AND TIME	04/07/2022 16:39:04 🖾 DETECTOR						
☑ PROGRAM		☑ FILTER 1					
SAMPLE CHA	MBER 48.7°	7°C ⊠ FILTER 2					
☑ BREATH TUB	E_40.5°C	☑ FILTER 3					
☑ PUMP	☑ INTERNAL STANDARD						
BREATH ANALYZER	ACCURACY STANDARDS						
SIMULATOR	STANDARD						
☑ STANDARD SUP	LIER INTO	IMETERS LOT# AG024403)3	EXP. DATE <u>08/31/2022</u>		
☐ SIMULATOR TEM	P (34°C ± 0.2°	C)SIM. SN			SIM. NIST EXP DATE		
of .005 or less. M ☑ 0.10% ST ☐ 0.08% ST	ECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) ing a standard. All three tests must be within ±5% of the standard value and must have a spread ark the box corresponding to the standard being used. ANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE ANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE ANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE						
TEST 1: 0.099		TEST 2: 0.100			TEST 3: 0.100		
☑ PERFORM R.F.I.	TEST						
		ATH TESTS IN THE FO	LLOWING RANGE	S SINCE T	HE LAST MAINTENA	NCE REPORT:	
REFUSALS: 1	004: 3	.0509: 2	.1014: 3		.1519: 1	OVER .19: 1	
	SCRIBE ANY ALTE	RATION OR MODIFICATION THAT WA			O OPERATE SATISFACTORILY A	AND WITHIN	
Changed Time					a.		
INSPECTING OFFIC	ER						
SIGNATURE	-		PRINT FULL B A HA				
TYPE II PERMIT NUMBER 200196		EXPIRATION 07/08	ON DATE 3/2022	417-895-			
RETURN COMPLET	ED REPORT	TO THE Breath Alcohol by mail, fax, or		Department o	of Health and Senior Se	ervices	



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

BRANDON A HALL

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.

DATE	7/8/2020	when
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	200196	
EXPIRES 7/8/2	7/8/2022	for Ulle
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 ali in Missouri.

Operator HALL, BRANDON

Permit No 200196

Date Issued 7/8/2020 Date Expires 7/8/2022

