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By Tracy Crews at 3:57 pm, Aug 09, 2022



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: 500217 | NAME OF AGENCY: KIMBERLING CITY PD | DATE OF INSPECTION: 08/04/2022

LOCATION OF INSTRUMENT (STREET AND CITY): 34 KIMBERLING BLVD KIMBERLING CITY, MO 65686 | TIME OF INSPECTION: 21:55:56

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.

DIAGNOSTIC RECORD
DATE AND TIME: 08/04/2022 21:55:59 | DETECTOR
 PROGRAM | FILTER 1
 SAMPLE CHAMBER: 48.7°C | FILTER 2
 BREATH TUBE: 47.4°C | FILTER 3
 PUMP | INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS
 SIMULATOR STANDARD | COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER: INTOXIMETERS | LOT #: AG200302 | EXP. DATE: 01/03/2024

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: 0.101 | 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: 0 | 0-.04: 0 | .05-.09: 0 | .10-.14: 0 | .15-.19: 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)

changed time

INSPECTING OFFICER

SIGNATURE: [Signature] | PRINT FULL NAME: B A HALL

TYPE II PERMIT NUMBER: 220155 | EXPIRATION DATE: 06/08/2024 | TELEPHONE NUMBER: 417-895-6868

RETURN COMPLETED REPORT TO THE 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
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 **6/8/2022**

NUMBER **220155**

EXPIRES **6/8/2024**

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 **STATE OF MISSOURI**
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

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 HALL, BRANDON
Permit No 220155
Date Issued 6/8/2022 **Date Expires** 6/8/2024

