



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 <b>500231</b>	NAME OF AGENCY <b>Jackson Police Department</b>	DATE OF INSPECTION <b>11/16/2022</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>202 W. Jackson Blvd., Jackson MO</b>		TIME OF INSPECTION <b>09:48:20</b>

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 <u>11/16/2022 09:48:22</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>45.2°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

**BREATH ANALYZER ACCURACY STANDARDS**

SIMULATOR STANDARD  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETER LOT # AG130104 EXP. DATE 10/28/2023

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: 0.098	TEST 2: 0.098	TEST 3: 0.098
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**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
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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)

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**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME <b>RYAN SCHILDKNECHT</b>	
TYPE II PERMIT NUMBER <b>210253</b>	EXPIRATION DATE <b>11/21/2023</b>	TELEPHONE NUMBER <b>660-543-4573</b>

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

CALIBRATION FACTORS

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Jackson Police Department  
INTOX dmt: 500231  
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Date: 11/16/2022  
Time: 09:36:18

OPERATOR NAME:  
RYAN SCHILDKNECHT  
PERMIT NUMBER: 210253  
EXPIRATION DATE: 11/12/2023

LOT #: 21380  
SUPPLIER: GUTH  
EXPIRATION: 09/13/2023

Ca = 0.1000  
ADJ = 0.964527    0.800 <= ADJ < 1.200  
b1 = 0.0011    0.0000 <= b1 < 0.0040  
b2 = 0.0079    0.0010 <= b2 < 0.0100  
b3 = 0.0002    0.0000 <= b3 < 0.0040  
Xq = 0.0973    0.0500 <= Xq < 0.2500  
a21 = 1.195913    1.050 <= a21 < 1.300  
a31 = 0.448764    0.300 <= a31 < 0.800



DIAGNOSTIC RECORD

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Jackson Police Department  
INTOX dmt: 500231  
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Date: 11/16/2022  
Time: 09:44:52

VERSIONS  
Missouri DHSS Version: 1.00  
PIC: 3.03  
Questions: 2.7

TEMPERATURES

Sample Chamber = 48.8°C	PASSED
Breath Tube = 44.5°C	PASSED
Simulator Hose = 45.6°C	PASSED

PUMP INFO  
Flow Rate = 4.907 L/M PASSED

DETECTOR INFO  
PUMP ON PASSED  
PUMP OFF PASSED

FILTER INFO  
Filter 1 PASSED  
Filter 2 PASSED  
Filter 3 PASSED

INTERNAL STANDARD  
Xq = 0.097 0.00% PASSED





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

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**PERMIT**  
**TYPE II**  
**RYAN SCHILDKNECHT**

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, INTOXILYZER 8000, INTOX EC/IR II, ASIV W/PRINTER**

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 11/12/2021

NUMBER 210253

EXPIRES 11/12/2023

MO 580-0771 (6-10)

*Laura P. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Kamm*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



**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 SCHILDKNECHT, RYAN  
Permit No 210253  
Date Issued 11/12/2021 Date Expires 11/12/2023