



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 500249	NAME OF AGENCY SIKESTON DPS	DATE OF INSPECTION 11/03/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 201 S. KINGSHIGHWAY SIKESTON,MO 63801		TIME OF INSPECTION 08:50:31

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.

<input checked="" type="checkbox"/> DIAGNOSTIC RECORD	
DATE AND TIME <u>11/03/2022 08:50:33</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.9°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>45.6°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS	
<input type="checkbox"/> SIMULATOR STANDARD	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE

<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXEMETERS</u>	LOT # <u>AG130104</u>	EXP. DATE <u>10/28/2023</u>
<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DATE

<input checked="" type="checkbox"/> 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.
<input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
<input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: 0.098	TEST 2: 0.098	TEST 3: 0.097
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 1	0-.04: 10	.05-.09: 2	.10-.14: 1	.15-.19: 1	OVER .19: 2
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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)

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME RYAN SCHILDKNECHT
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TYPE II PERMIT NUMBER 210253	EXPIRATION DATE 11/12/2023	TELEPHONE NUMBER 660-543-4573
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RETURN COMPLETED REPORT TO THE **Breath Alcohol Program, Missouri Department of Health and Senior Services**
by mail, fax, or email

CALIBRATION FACTORS

SIKESTON DPS
INTOX dmt: 500249

Date: 11/03/2022
Time: 08:37:53

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

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

Ca = 0.1000
ADJ = 0.985578 0.800 <= ADJ < 1.200
b1 = 0.0004 0.0000 <= b1 < 0.0040
b2 = 0.0058 0.0010 <= b2 < 0.0100
b3 = 0.0006 0.0000 <= b3 < 0.0040
Xq = 0.1173 0.0500 <= Xq < 0.2500
a21 = 1.224147 1.050 <= a21 < 1.300
a31 = 0.482028 0.300 <= a31 < 0.800



DIAGNOSTIC RECORD

SIKESTON DPS
INTOX dmt: 500249

Date: 11/03/2022
Time: 08:46:57

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

TEMPERATURES

Sample Chamber = 48.7°C	PASSED
Breath Tube = 44.8°C	PASSED
Simulator Hose = 45.6°C	PASSED

PUMP INFO
Flow Rate = 5.326 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 = 0.118 0.38% 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

Laura Q. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald B. Kauffman

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)

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