



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>500297</b>	NAME OF AGENCY <b>Pacific Police Department</b>	DATE OF INSPECTION <b>04/24/2022</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>300 Hoven Pacific, MO 63069</b>		TIME OF INSPECTION <b>03:10:55</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>04/24/2022 03:10:58</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>48.1°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 INTOXIMETERS      LOT # AG019502      EXP. DATE 07/13/2022

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: 0.102      TEST 2: 0.102      TEST 3: 0.102

**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: 2      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)

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**INSPECTING OFFICER**

SIGNATURE <i>[Signature]</i>	PRINT FULL NAME <b>JAMES H KLINGLER</b>
TYPE II PERMIT NUMBER <b>200236</b>	TELEPHONE NUMBER <b>636-221-1546</b>

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



STATE OF MISSOURI )  
 )  
COUNTY OF FRANKLIN )

SS

AFFIDAVIT FOR RECORDS

*Before me, the undersigned authority personally appeared, Sgt. James H Klingler 131, and upon being duly sworn by me, deposed as follows:*

My name is Sgt. James Klingler, 131, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of records of the Pacific Police Department's, INTOX DMT SN# 500297. Attached hereto are 3 pages of records for the INTOX DMT SN# 500297 from the Pacific Police Department for the month of March 25<sup>th</sup> 2022 to April 24<sup>th</sup>, 2022. These pages for the instrument are kept by the Pacific Police Department in the regular course of business, and it is with the regular course of business that an employee of representative to make the record or to transmit information thereof to be included in such records. The records attached hereto are the original or exact duplicates of any and all original records kept by the Pacific Police Department in the regular course of business.

Sgt. James Klingler

Affiant's Name-typed or printed



Affiant's Signature

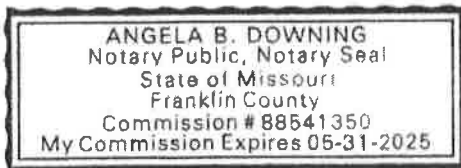
*In witness whereof, I have hereunto subscribed my name affixed my official seal this,*

27 day of APRIL, 2022

My Commission expires: 05/31/2025

Angela B. Downing

Notary Public





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



**PERMIT  
TYPE II**


**JAMES H. KLINGLER**


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 8/25/2020  
NUMBER 200236  
EXPIRES 8/25/2022

  
\_\_\_\_\_  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
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DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 585-0771 (5-10)

LAB-4 (R5-10)



**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 KLINGLER, JAMES  
Permit No 200236  
Date Issued 8/25/2020 Date Expires 8/25/2022