

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

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

HUNCH DIVITINIA INTE	NAME IN THE				
Complete this report at the time of the reg Complete this report whenever the instrui Retain the original and send a copy within	ment is serviced or repaire n 15 days to the Breath Al	ed and whenever i	it is placed int	o service,	
NAME OF AGENCY 500016  NAME OF AGENCY Higginsville Police Department				09/04/2024	
LOCATION OF INSTRUMENT (STREET AND CITY)  12 W 19th Street, Higginsville, MO				TIME OF INSPECTION 09:19:30	
CHECKLIST: Place a mark in the box by values where determined). Unmarked item	y each item if found to be many must be corrected bef	satisfactory or is o	perating withi	in established limits. (W	/rite in observed
☑ DIAGNOSTIC RECORD					
DATE AND TIME09/04/2024_09:	:19:32_	☑ DETEC	TOR		
☑ PROGRAM			: 1		
☑ SAMPLE CHAMBER <b>48.8°C</b> ☑ FILTER 2					
☑ BREATH TUBE 47.3°C			3		
☑ PUMP			NAL STANDA	ARD	
BREATH ANALYZER ACCURACY ST.	ANDARDS				
☐ SIMULATOR STANDARD		☑ COMPF	RESSED ETH	HANOL-GAS MIXTURE	E
STANDARD SUPPLIER INTOXIM	ETERS LO	OT# <u>AG30650</u>	3	EXP. DATE 03	3/06/2025
☐ SIMULATOR TEMP (34°C ± 0.2°C)_	SII	M. SN	s	SIM. NIST EXP DATE_	
Run three tests using a standard. All of .005 or less. Mark the box corresp \( \times 0.10\% STANDARD - MUST \) \( \times 0.08\% STANDARD - MUST \) \( \times 0.04\% STANDARD - MUST \)	ponding to the standard b READ BETWEEN 0.095 READ BETWEEN 0.076	eing used. 5% AND 0.105% II 5% AND 0 <sub>-</sub> 084% II	NCLUSIVE NCLUSIVE	a must nave a spreau	
TEST 1: 0.098	TEST 2: 0.097			TEST 3: 0.098	
PERFORM R.F.I. TEST	*			•	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS: 0 004: 0	,05-,09: 0	.1014: 1		.1519: 1	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATIO ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSAR <sup>*</sup>		ADE TO RESTORE THE	INSTRUMENT TO (	DPERATE SATISFACTORILY AN	D WITHIN
INSPECTING OFFICER			THE TAX	MT AND CHENT	
SIGNATURE		PRINT FULL N	IAME ON L DINO\	√I	
TYPE II PERMIT NUMBER 230215	10/06/20		ELEPHONE NUME 660-584-2		
RETURN COMPLETED REPORT TO	THE Breath Alcohol Proby mail, fax, or em		epartment of	Health and Senior Sen	vices



### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



## PERMIT TYPE II

# QUINTON L. DINOVI

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

DATE 10/6/2023	10/6/2023	Mike Massur			
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER	230215				
EXPIRES	10/6/2025	Daves J. McDelson			

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired all in Missouri

Operator DiNOVI, QUINTON

Permit No 230215

577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

Date Issued 10/6/2023 Date Expires 10/6/2025

