

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

INTOX DMT MAINTENANCE REPORT

REPORT #1

MARKET INTOX DIVIT IN	MAINTENANCE RE	.i Okt				
Complete this report at the time Complete this report whenever Retain the original and send a co	the instrument is service	d or repaired and v	vhenever it is placed	xceed 35 days). I into service.		
INTOX DMT SN 500016					DATE OF INSPECTION 10/03/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) 12 W 19th Street, Higginsville, MO				TIME OF INSPECTION 14:05:01		
CHECKLIST: Place a mark in t values where determined). Unm	the box by each item if for	ound to be satisfact rrected before usin	ory or is operating v g instrument	vithin established limits, (Write in observed	
☑ DIAGNOSTIC RECORD						
DATE AND TIME 10/03/2024 14:05:03						
☑ PROGRAM ☑ FILTER 1						
☑ SAMPLE CHAMBER 48.7°C ☑ FILTER 2						
☑ BREATH TUBE 47.6°C ☑ FILTER 3						
☑ PUMP ☑ INTERNAL STANDARD						
BREATH ANALYZER ACCUR	RACY STANDARDS					
☐ SIMULATOR STANDARD			COMPRESSED ETHANOL-GAS MIXTURE			
STANDARD SUPPLIER INTOXIMETERS		LOT #	AG306503 EXP. D		OATE <u>03/06/2025</u>	
☐ SIMULATOR TEMP (34°C ± 0.2°C)		SIM. SN		SIM, NIST EXP DATE		
0.08% STANDARI	ndard. All three tests mu ox corresponding to the D - MUST READ BETW D - MUST READ BETW D - MUST READ BETW	standard being us EEN 0.095% AND EEN 0.076% AND	ed. 0.105% INCLUSIV 0.084% INCLUSIV	E E	3	
TEST 1: 0.099 TEST 2: 0.098				TEST 3: 0.098		
☑ PERFORM R.F.I. TEST				1		
INDICATE THE NUMBER OF	BREATH TESTS IN T	HE FOLLOWING	RANGES SINCE	THE LAST MAINTENA	ANCE REPORT:	
REFUSALS: 0 004:	0 .050	9: 0	.1014: 1	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE AN ESTABLISHED LIMITS (USE OTHER SIDE IF	Y ALTERATION OR MODIFICATION NECESSARY)	N THAT WAS MADE TO R	ESTORE THE INSTRUMENT	TO OPERATE SATISFACTORILY	AND WITHIN	
9/6)10		QUINTON L DINOVI				
230215		EXPIRATION DATE 10/06/2025	660-584			
RETURN COMPLETED REP	Diealli	Alcohol Program, I fax, or email	Missouri Departmen	t of Health and Senior S	ervices	



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

QUINTON L. DINOVI

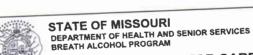
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX DMT

or the determination of the alcoholic content of blood from a sample	of expired air. Permit issued under the provisions of sections
for the determination of the alcoholic content of blood from a sample of the determination of the alcoholic content of blood from a sample of the determination of the alcoholic content of blood from a sample of the determination of the alcoholic content of blood from a sample of the determination of the alcoholic content of blood from a sample of the determination of the alcoholic content of blood from a sample of the alcoholic content of blood from a sample of the determination of the alcoholic content of blood from a sample of the alcoholic content of blood from a sample of the alcoholic content of blood from a sample of the alcoholic content of blood from a sample of the alcoholic content of blood from a sample of the alcoholic content of blood from a sample of the alcoholic content	Wike Wassur
DATE10/6/2023	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230215	Daves J. Michaelson
EXPIRES 10/6/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB4 (R6-10)

MO 580-0771 (6-10)

riotor



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 DINOVI, QUINTON 230215

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

