RECEIVED

By Tracy Crews at 8:18 am, Jul 01, 2024



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

INTOX DMT MAINTENANCE DEPORT

ASSESS. INTOX DIVIT	MAINTENANCE RE	PORT			REPORT #
Complete this report at the tin Complete this report whenever Retain the original and send a	er the instrument is serviced	d or repaired and w	henever it is placed in	eed 35 days). ito service.	
INTOX DMT SN 500023	Caruthersville Police	e Department	(a)	DATE OF INSPECTION 06/28/2024	
LOCATION OF INSTRUMENT (STREET AI 1400 Ward Ave. Caruthe	ND CITY) ersville, MO.			TIME OF INSPECTION 17:54:10	
CHECKLIST: Place a mark in values where determined). Ur	n the box by each item if fou nmarked items must be corr	and to be satisfactorected before using	ory or is operating with instrument.	nin established limits. (Wri	te in observed
☑ DIAGNOSTIC RECORD					
DATE AND TIME 06/2	8/2024 17:54:12	X	DETECTOR		
☑ PROGRAM			FILTER 1		
	48.7°C		FILTER 2		
☐ BREATH TUBE 48.	1°C		FILTER 3	¥ 19 0 × 1	
☑ PUMP		X	INTERNAL STANDA	ARD	
BREATH ANALYZER ACCU	JRACY STANDARDS				
☐ SIMULATOR STAND	ARD		COMPRESSED ET	HANOL-GAS MIXTURE	
☑ STANDARD SUPPLIER	INTOXIMETERS	LOT#_A	G400203	EXP. DATE 01/0	2/2026
☐ SIMULATOR TEMP (34°C	C ± 0.2°C)	SIM. SN_		SIM. NIST EXP DATE	
of .005 or less. Mark the ☑ 0.10% STANDAR ☐ 0.08% STANDAR	andard. All three tests must box corresponding to the st RD - MUST READ BETWER RD - MUST READ BETWER RD - MUST READ BETWER	tandard being used EN 0.095% AND 0 EN 0.076% AND 0	d. 0.105% INCLUSIVE 0.084% INCLUSIVE	и шизспаче а эргеач	
TEST 1: 0.098	TEST 2	:: 0.099		TEST 3: 0.098	
PERFORM R.F.I. TEST				Registration of the control of the c	
INDICATE THE NUMBER O	F BREATH TESTS IN TH	IE FOLLOWING F	RANGES SINCE TH	E LAST MAINTENANCI	E REPORT:
REFUSALS: 0 004			014: 1	.1519: 1	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE AI ESTABLISHED LIMITS (USE OTHER SIDE	NY ALTERATION OR MODIFICATION TO	HAT WAS MADE TO RES	TORE THE INSTRUMENT TO (DPERATE SATISFACTORILY AND W	
INSPECTING OFFICER					
SIGNATURE 1011			INT FULL NAME MICHAEL R SANDI	ERS	
TYPE II PERMIT NUMBER 240125	(105/29/2026	573-922-89		
RETURN COMPLETED REF	Breath Aid	cohol Program, Mis ax, or email	ssouri Department of	Health and Senior Service)S



EXPIRES 5/29/2026

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

MICHAEL SANDERS

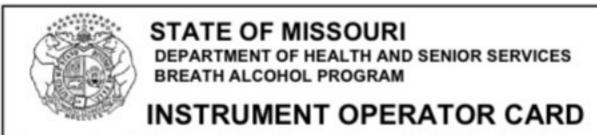
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX DMT

for the determination of the alcoholic content of blood from a 577.020 through 577.041, RSMo and 306.111 through 306.	a sample of expired air. Permit issued under the provisions of section
377.020 through 377.041, HSWO and 300.111 through 300	Mike Massur
DATE5/29/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240125	Daves I nicono

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 SANDERS, MICHAEL

