

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.					
NAME OF AGENCY 500082 NAME OF AGENCY Missouri State Highway Patrol			09/03/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) Jefferson Co. No -#26 Dillon Plz., High Ridge			TIME OF INSPECTION 03:16:03		
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>09/03/2024 03:16:06</u> ☑ DETECTOR					
☑ PROGRAM ☑ FILTER 1					
☑ SAMPLE CHAMBER 48.8°C					
☑ BREATH TUBE_48.1°C ☑ FILTER 3					
□ PUMP □ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARDS					
☐ SIMULATOR STANDARD					
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#_A	G400203	EXP. DATE 01	/02/2026	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	s	IM. 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: 0.098 TEST 2: 0.098			TEST 3: 0.098		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
		1014: 0	.1519: 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) adjusted time to current					
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME JESSE D PROCKNOW			
TYPE II PERMIT NUMBÉR 230303	EXPIRATION DATE 12/11/2025	TELEPHONE NUMBI	ER		
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email					



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II JESSE D. PROCKNOW

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 sar	nple of expired air. Permit issued under the provisions of section:
577.020 through 577.041, RSMo and 306.111 through 306.119	RSMo.
DATE12/11/2023	Mike Masson
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230303	

MO 580-0771 (6-10)

EXPIRES 12/11/2025

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

Davla J. Nichelson

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 air in Missouri.

Operator PROCKNOW, JESSE

Permit No 230303

