### RECEIVED

By Tracy Crews at 7:47 am, Jun 13, 2024



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

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

MTOX DMT NO MTOZ TO	The state of the s	
Complete this report at the time of the regular monthly preventive maintenance Complete this report whenever the instrument is serviced or repaired and who Retain the original and send a copy within 15 days to the Breath Alcohol Programmer.	enever it is placed into service.	
NAME OF AGENCY 500103 NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 06/08/2024	
LOCATION OF INSTRUMENT (STREET AND CITY)  Cuba Police Department Cuba, MO	TIME OF INSPECTION 12:59:13	
CHECKLIST: Place a mark in the box by each item if found to be satisfactor values where determined). Unmarked items must be corrected before using it	y or is operating within established limits. (Write in observed instrument.	
☑ DIAGNOSTIC RECORD		
DATE AND TIME 06/08/2024 12:59:16		
☑ PROGRAM ☑ FILTER 1		
☐ SAMPLE CHAMBER 48.7°C ☐ ☐ FILTER 2		
□ BREATH TUBE 47.4°C		
☑ PUMP ☑ INTERNAL STANDARD		
BREATH ANALYZER ACCURACY STANDARDS		
☐ SIMULATOR STANDARD	COMPRESSED ETHANOL-GAS MIXTURE	
☐ STANDARD SUPPLIER INTOXIMETERS LOT # AG	EXP. DATE <u>07/24/2025</u>	
☐ SIMULATOR TEMP (34°C ± 0.2°C) SIM. SN	SIM. NIST EXP DATE	
<ul> <li>□ 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.</li> <li>□ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</li> <li>□ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</li> <li>□ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</li> </ul>		
TEST 1: 0.100 TEST 2: 0.100	TEST 3: 0.100	
☑ PERFORM R.F.I. TEST		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:		
REFUSALS: 0 004: 0 .0509: 1 .10	014: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO REST ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN	
INSPECTING OFFICER		
TYPE II PERMIT NOMBER EXPIRATION DATE	INT FULL NAME  JOSEPH PEART  TELEPHONE NUMBER	
230070 04/14/2025	573-368-2345	
RETURN COMPLETED REPORT TO THE  Breath Alcohol Program, Mis by mail, fax, or email	ssouri Department of Health and Senior Services	



## STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM** 



# PERMIT TYPE II JOSEPH T. PEART

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

## ALCO-SENSOR IV WITH PRINTER, 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. mnM

DATE 4/14/2023	/ like / lassmi
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230070	
EXPIRES 4/14/2025	Davla J. McCaelson
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
0.580-0771 (6-10)	LAD 4 /DC 40

LAB-4 (R6-10)

