

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

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

INTOX DIMIT MAINTENANCE REPORT			
Complete this report at the time of the regular monthly preventive mainted Complete this report whenever the instrument is serviced or repaired an Retain the original and send a copy within 15 days to the Breath Alcoho	d whenever it is placed int		
INTOX DMT SN S00123  NAME OF AGENCY Missouri State Highway Patrol		DATE OF INSPECTION 08/28/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) HWY 254, HERMITAGE		TIME OF INSPECTION 10:24:01	
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>08/28/2024 10:24:04</u> ☑ DETECTOR			
☑ PROGRAM ☑ FILTER 1			
SAMPLE CHAMBER 48.8°C			
☑ BREATH TUBE 46.8°C  ☑ FILTER 3			
☑ PUMP ☑ INTERNAL STANDARD			
BREATH ANALYZER ACCURACY STANDARDS			
☐ SIMULATOR STANDARD	☑ COMPRESSED ETH	D ETHANOL-GAS MIXTURE	
☐ STANDARD SUPPLIER INTOXIMETER LOT#	AG400203	EXP. DATE <u>01/02</u>	2/2026
☐ SIMULATOR TEMP (34°C ± 0.2°C) SIM. SN	1	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: 0.099 TEST 2: 0.099		TEST 3: 0.099	
☑ 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: 0	.1014: 0	.1519: 1	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	RESTORE THE INSTRUMENT TO (	OPERATE SATISFACTORILY AND WI	THIN
INSPECTING OFFICER			
INSPECTING OFFICER  SIGNATURE PRINT FULL NAME			
Orla >	DOUGLAS J JACKSON		
TYPE II PERMIT NŬMBER         EXPIRATION DATE           240158         07/23/2026	417-895-68		
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

### **DOUGLAS J. JACKSON**

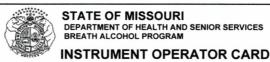
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections

## INTOX DMT

MO 580-0771 (6-10)

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

JACKSON, DOUGLAS

Permit No 240158 Date Issued 7/23/2024

Date Expires 7/23/2026

