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By Tracy Crews at 7:23 am, Sep 11, 2024



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 in Complete this report whenever the instrument is serviced or repaire Retain the original and send a copy within 15 days to the Breath Al	ed and whenever it is placed into service.	
NAME OF AGENCY 500129 NAME OF AGENCY Missouri State Highway Patro	DATE OF INSPECTION 08/28/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) 204 S. Poplar St, Buffalo, MO 65622	TIME OF INSPECTION 11:20:43	
CHECKLIST: Place a mark in the box by each item if found to be values where determined). Unmarked items must be corrected bef	satisfactory or is operating within established limits. (Write in observed one using instrument.	
☑ DIAGNOSTIC RECORD		
DATE AND TIME <u>08/28/2024 11:20:47</u>	☑ DETECTOR	
☑ PROGRAM	☑ FILTER 1	
☑ SAMPLE CHAMBER 48.7°C	☑ FILTER 2	
☑ BREATH TUBE 48.1°C	☑ FILTER 3	
☑ PUMP	☑ INTERNAL STANDARD	
BREATH ANALYZER ACCURACY STANDARDS		
☐ SIMULATOR STANDARD	☑ COMPRESSED ETHANOL-GAS MIXTURE	
☐ STANDARD SUPPLIER INTOXIMETERS LC	DT #_AG335303 EXP. DATE 12/19/2025	
SIMULATOR TEMP (34°C ± 0.2°C) SI	M. SNSIM. 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:		
REFUSALS: 0 004: 1 .0509: 0	.1014: 2	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN	
•		
INSPECTING OFFICER SIGNATURE	PRINT FULL NAME	
1)4/10.	DOUGLAS J JACKSON	
TYPE II PERMIT NUMBER		
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

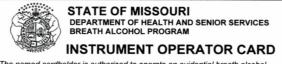
DOUGLAS J. JACKSON

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

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.		
DATE	Mike Masson	
NUMBER 240158	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY	
EXPIRES 7/23/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES	

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 air in Missouri.

Operator JACKSON, DOUGLAS Permit No 240158

Date Issued 7/23/2024

Date Expires 7/23/2026

