



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.

|   |   |                                  |
|---|---|----------------------------------|
| INTOX DMT SN<br>500165  | NAME OF AGENCY<br>Missouri State Highway Patrol | DATE OF INSPECTION<br>09/30/2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>PUTNAM CO SO, 1601 MAIN, UNIONVILLE |   | TIME OF INSPECTION<br>09:30:18   |

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.

|  |   |
|--|---|
| <input checked="" type="checkbox"/> DIAGNOSTIC RECORD            |   |
| DATE AND TIME <u>09/30/2024 09:30:20</u>                         | <input checked="" type="checkbox"/> DETECTOR          |
| <input checked="" type="checkbox"/> PROGRAM                      | <input checked="" type="checkbox"/> FILTER 1          |
| <input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u> | <input checked="" type="checkbox"/> FILTER 2          |
| <input checked="" type="checkbox"/> BREATH TUBE <u>48.0°C</u>    | <input checked="" type="checkbox"/> FILTER 3          |
| <input checked="" type="checkbox"/> PUMP                         | <input checked="" type="checkbox"/> INTERNAL STANDARD |

|   |  |                             |
|---|--|-----------------------------|
| BREATH ANALYZER ACCURACY STANDARDS  |  |                             |
| <input type="checkbox"/> SIMULATOR STANDARD                               | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |                             |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u> | LOT # <u>AG234103</u>  | EXP. DATE <u>12/07/2024</u> |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____              | SIM. SN _____  | SIM. NIST EXP DATE _____    |

|   |  |
|---|--|
| <input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)<br>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. |  |
| <input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE  |  |
| <input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE   |  |
| <input type="checkbox"/> 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 | 0-.04: 0 | .05-.09: 0 | .10-.14: 0 | .15-.19: 2 | 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)

added two minutes to the clock  
operates within DHSS standards

**INSPECTING OFFICER**

|                                 |                                      |
|---------------------------------|--------------------------------------|
| SIGNATURE<br><i>BSP Pearson</i> | PRINT FULL NAME<br>BRANDON S PEARSON |
|---------------------------------|--------------------------------------|

|                                 |                               |                                  |
|---------------------------------|-------------------------------|----------------------------------|
| TYPE II PERMIT NUMBER<br>240038 | EXPIRATION DATE<br>02/05/2026 | TELEPHONE NUMBER<br>660-385-2132 |
|---------------------------------|-------------------------------|----------------------------------|

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

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**PERMIT**  
**TYPE II**  
**BRANDON S. PEARSON**

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 sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 2/5/2024

NUMBER 240038

EXPIRES 2/5/2026

*Mike Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nickelson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

**INSTRUMENT OPERATOR CARD**

*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 PEARSON, BRANDON  
Permit No 240038  
Date Issued 2/5/2024 Date Expires 2/5/2026

