

RECEIVED

By Tracy Crews at 8:02 am, Dec 02, 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 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 500195	NAME OF AGENCY Liberty Police Department	DATE OF INSPECTION 12/01/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 101 E> Kansas St. Liberty, MO 64068		TIME OF INSPECTION 03:36:29

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>12/01/2024 03:36:31</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>48.1°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>AG424901</u> EXP. DATE <u>09/05/2026</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) 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: 0.100	TEST 2: 0.099	TEST 3: 0.099
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS: 2	0-.04: 11	.05-.09: 2	.10-.14: 3	.15-.19: 3	OVER .19: 1

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)

PASS WITHOUT INCIDENT

INSPECTING OFFICER			
SIGNATURE 	PRINT FULL NAME BENJAMIN J LAUGHLIN		
TYPE II PERMIT NUMBER 240187	EXPIRATION DATE 08/29/2026	TELEPHONE NUMBER 816-439-4701	

RETURN COMPLETED REPORT TO THE	Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email
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STANDARD CHANGE

Liberty Police Department
INTOX dmt: 500195

Date: 12/01/2024
Time: 03:46:22

OPERATOR NAME:
BENJAMIN J LAUGHLIN
PERMIT NUMBER: 240187
EXPIRATION DATE: 08/29/2026

LOT #: AG424901
SUPPLIER: INTOXIMETERS
EXPIRATION: 09/05/2026
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION
CONCENTRATION: 0.100
TARGET: 0.098

BLANK TEST	0.000	03:47
INTERNAL STANDARD	VERIFIED	03:47
EXTERNAL STANDARD	0.099	03:47
BLANK TEST	0.000	03:48

Average = 0.0990
Std Dev = 0.0000
Spread = 0.0000

Ben L

