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By Tracy Crews at 7:51 am, Dec 17, 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 12/16/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 14 S WATER ST, LIBERTY MO 64068	TIME OF INSPECTION 09:09:13
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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>12/16/2024 09:09:15</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>38.9°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>
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<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____	SIM. SN _____	SIM. NIST EXP DATE _____
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<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: 0.099	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: 1	0-.04: 0	.05-.09: 0	.10-.14: 0	.15-.19: 2	OVER .19: 0
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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)

NEW LOCATION SET UP

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME BENJAMIN J LAUGHLIN
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TYPE II PERMIT NUMBER 240187	EXPIRATION DATE 08/29/2026	TELEPHONE NUMBER 816-439-4701
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RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BLOOD ALCOHOL TEST REPORT - INTOX DMT

FORM #11

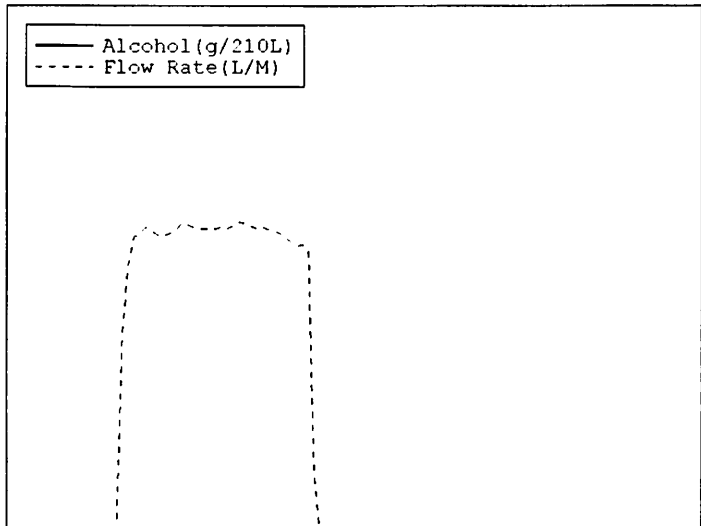
LOCATION OF INSTRUMENT 14 S WATER ST, LIBERTY MO 64068	INSTRUMENT SERIAL NUMBER 500195	DATE OF TEST 12/16/2024	TIME OBSERVATION PERIOD STARTED 08:35	TIME OF TEST 09:19:17
SUBJECT NAME BENJAMIN J LAUGHLIN			DATE OF BIRTH 01/30/1995	
SUBJECT DRIVER'S LICENSE NUMBER W011265002			STATE MO	
ARRESTING OFFICER BENJAMIN J LAUGHLIN		ARRESTING OFFICER ID 239		
OPERATOR BENJAMIN J LAUGHLIN		OPERATOR PERMIT 240187	PERMIT EXP DATE 08/29/2026	
OBSERVER BENJAMIN J LAUGHLIN		OBSERVER PERMIT 240187	PERMIT EXP DATE 08/29/2026	

OPERATIONAL CHECKLIST: INTOX DMT

- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by BENJAMIN J LAUGHLIN. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.
- 3. Assure that the power switch is ON and the screen is displaying "Ready <Push Run>".
- 4. Press the Run button on the display screen.
- 5. Enter subject and officer information.
- 6. When display reads "Please Blow" and gives audible beep, insert mouthpiece and take the subject's breath sample.

SUBJECT TEST RESULTS

BLANK TEST	0.000	09:20
INTERNAL STANDARD	VERIFIED	09:20
SUBJECT SAMPLE (Vol=3.10L)	0.000	09:20
BLANK TEST	0.000	09:21



COMMENTS

new location sample test #1

CERTIFICATION BY OPERATOR

BAC
0.000

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.

SIGNATURE OF OPERATOR <i>B. Laughlin</i>	DATE 12/16/2024
WITNESS (IF ANY)	DATE 12/16/2024



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BLOOD ALCOHOL TEST REPORT - INTOX DMT

FORM #11

LOCATION OF INSTRUMENT 14 S WATER ST, LIBERTY MO 64068	INSTRUMENT SERIAL NUMBER 500195	DATE OF TEST 12/16/2024	TIME OBSERVATION PERIOD STARTED 08:35	TIME OF TEST 09:24:16
SUBJECT NAME BENJAMIN J LAUGHLIN			DATE OF BIRTH 01/30/1995	
SUBJECT DRIVER'S LICENSE NUMBER W011265002			STATE MO	
ARRESTING OFFICER BENJAMIN J LAUGHLIN		ARRESTING OFFICER ID 239		
OPERATOR BENJAMIN J LAUGHLIN		OPERATOR PERMIT 240187	PERMIT EXP DATE 08/29/2026	
OBSERVER BENJAMIN J LAUGHLIN		OBSERVER PERMIT 240187	PERMIT EXP DATE 08/29/2026	

OPERATIONAL CHECKLIST: INTOX DMT

- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by BENJAMIN J LAUGHLIN. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.
- 3. Assure that the power switch is ON and the screen is displaying "Ready <Push Run>".
- 4. Press the Run button on the display screen.
- 5. Enter subject and officer information.
- 6. When display reads "Please Blow" and gives audible beep, insert mouthpiece and take the subject's breath sample.

SUBJECT TEST RESULTS

BLANK TEST	0.000	09:25
INTERNAL STANDARD	VERIFIED	09:25
SUBJECT SAMPLE (Vol=1.62L)	0.000	09:25
BLANK TEST	0.000	09:26

— Alcohol (g/210L)
- - - - - Flow Rate (L/M)

COMMENTS
new location sample test #2

CERTIFICATION BY OPERATOR

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.

BAC
0.000

SIGNATURE OF OPERATOR <i>Ben L</i>	DATE 12/16/2024
WITNESS (IF ANY)	DATE 12/16/2024