## **RECEIVED**

By Tracy Crews at 8:10 am, May 20, 2024



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

## INTOX DMT MAINTENANCE REPORT

IIII OX B	WIT WINTING LANGE	KLFOKI			REPORT#	
Complete this report when	e time of the regular month never the instrument is serv nd a copy within 15 days to	riced or repaired and	d whenever it is place	exceed 35 days). ed into service.		
INTOX DMT SN 500283	500283 Winfield Police Department				DATE OF INSPECTION 05/15/2024	
LOCATION OF INSTRUMENT (STRE Harry's Way, Winfield	ET AND CITY)			TIME OF INSPECTION 14:00:45		
CHECKLIST: Place a mavalues where determined)	ark in the box by each item i . Unmarked items must be	if found to be satisfa corrected before us	actory or is operating	within established limits. (V	Write in observed	
☑ DIAGNOSTIC RECO						
DATE AND TIME 0	5/15/2024 14:00:48		☑ DETECTOR			
☑ PROGRAM ☑ FILTER 1						
☑ SAMPLE CHAME	BER_48.7°C		☑ FILTER 2			
☑ BREATH TUBE_4	45.1°C		☑ FILTER 3			
<b>⊠</b> PUMP			☑ INTERNAL STA	NDARD		
BREATH ANALYZER AG	CCURACY STANDARDS			-		
☐ SIMULATOR STA	ANDARD	☐ COMPRESSED E		ETHANOL-GAS MIXTUR	ΓHANOL-GAS MIXTURE	
STANDARD SUPPLIE	R INTOXIMETERS	LOT#_	AG306503	EXP. DATE 03	3/06/2025	
☐ SIMULATOR TEMP (	34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE		
<ul><li>☑ 0.10% STAN</li><li>☐ 0.08% STAN</li></ul>	the box corresponding to th DARD - MUST READ BET DARD - MUST READ BET DARD - MUST READ BET	WEEN 0.095% AN WEEN 0.076% AN	D 0.105% INCLUSI D 0.084% INCLUSI	VE		
TEST 1: 0.099	TES	ST 2: 0.099		TEST 3: 0.098	TEST 3: 0.098	
☐ PERFORM R.F.I. TES	ST .					
INDICATE THE NUMBE	R OF BREATH TESTS IN	THE FOLLOWIN	G RANGES SINCE	THE LAST MAINTENAN	ICE REPORT:	
REFUSALS: 0-	04: .05-	.09:	.1014:	.1519:	OVER .19:	
LIST ANY NEW PARTS AND DESCR ESTABLISHED LIMITS (USE OTHER	BE ANY ALTERATION OR MODIFICAT SIDE IF NECESSARY)	TION THAT WAS MADE TO I	RESTORE THE INSTRUMEN	IT TO OPERATE SATISFACTORILY AN	ID WITHIN	
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER		EXPIRATION DATE	PRINT FULL NAME ROBERT B WII			
230077		04/27/2025	636-56			
RETURN COMPLETED  MO 580-2898 (5-19)	by ma	ail, fax, or email		nt of Health and Senior Sen	vices	
	AN	FOLIAL OPPORTUNITY/AF	HIRMATIVE ACTION EMDLO	VED		



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

## INTOX DMT MAINTENANCE REPORT

	REPORT #		
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 S00283  NAME OF AGENCY Winfield Police Department  DATE OF INSPECTION 05/15/2024			
LOCATION OF INSTRUMENT (STREET AND CITY)  Harry's Way, Winfield, MO  TIME OF INSPECTION 14:52:19			
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in obvalues where determined). Unmarked items must be corrected before using instrument.	served		
☑ DIAGNOSTIC RECORD			
DATE AND TIME <u>05/15/2024 14:52:22</u> ☑ DETECTOR			
☑ PROGRAM ☑ FILTER 1			
☑ SAMPLE CHAMBER 49.0°C ☑ FILTER 2			
☑ BREATH TUBE 44.7°C ☑ FILTER 3			
☑ PUMP ☑ INTERNAL STANDARD	THE PROPERTY OF THE PARTY OF TH		
BREATH ANALYZER ACCURACY STANDARDS			
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE			
☑ STANDARD SUPPLIER INTOXIMETERS LOT # AG306503 EXP. DATE 03/06/2029	5		
☐ SIMULATOR TEMP (34°C ± 0.2°C) SIM. SN SIM. NIST EXP DATE			
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 REP	∩RT·		
REFLISALS: 0 0.04: 0 05.00: 4	R .19: <b>0</b>		
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)			
INSPECTING OFFICER			
PRINT FULL NAME ROBERT B WIDEMAN			
TYPE II PERMIT NUMBER 230077 EXPIRATION DATE 04/27/2025 EXPIRATION DATE 636-566-6936			
RETURN COMPLETED REPORT TO THE  Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email			