## RECEIVED

By Tracy Crews at 7:34 am, Jan 24, 2025



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

## INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this repo	ort whenever th	ne instru	egular monthly preventive nument is serviced or repaire in 15 days to the Breath Al	ed and whenever	er it is placed i			25	
INTOX DMT SN NAME OF AGENCY 500061 Missouri State Highway Patrol						DATE OF INSPECTION 01/21/2025			
1525 E Missour	NT (STREET AND C	iry) /ernon		TIME OF INSPECTION 07:57:50					
CHECKLIST: Place values where determined to the control of the con	ce a mark in th	e box b	y each item if found to be sems must be corrected before	satisfactory or is	operating wit	hin established limits	. (Write in observed		
☑ DIAGNOSTIC									
DATE AND TI	ME_01/21/2	025 07	<u>':57:53</u>	□ DETE	CTOR				
☑ PROGRAM			☑ FILTER 1						
SAMPLE (	CHAMBER 4	8.7°C			R 2				
☑ BREATH TUBE 46.0°C			☑ FILTER 3						
☑ PUMP			☑ INTERNAL STANDARD						
BREATH ANALY	ZER ACCUR	ACY ST	TANDARDS						
☐ SIMULATO	OR STANDAR	RD.			PRESSED E	THANOL-GAS MIXT	URE		
STANDARD SUPPLIER AIRGAS		RGAS	S LOT#_AG400203		203	EXP. DATE <u>01/02/2026</u>			
☐ SIMULATOR 1	ГЕМР (34°C ±	0.2°C)	SIM	M. SN		SIM. NIST EXP DA	TE		
☑ 0.10% □ 0.08%	STANDARD STANDARD	- MUST - MUST	ponding to the standard be READ BETWEEN 0.095 READ BETWEEN 0.076 READ BETWEEN 0.038	% AND 0.105% % AND 0.084%	INCLUSIVE				
TEST 1: 0.100			TEST 2: 0.100			TEST 3: 0.100			
☑ PERFORM R.I	F.I. TEST		3777						
INDICATE THE N	IUMBER OF I	BREAT	H TESTS IN THE FOLLO	OWING RANG	ES SINCE T	HE LAST MAINTEN	NANCE REPORT:		
REFUSALS: 0	004: 0		.0509: 1	.1014:	0	.1519: 0	OVER .19: 0	)	
LIST ANY NEW PARTS AN ESTABLISHED LIMITS (US	ID DESCRIBE ANY I	ALTERATIO	ON OR MODIFICATION THAT WAS MA	ADE TO RESTORE TH	E INSTRUMENT TO	OPERATE SATISFACTORIL	Y AND WITHIN		
			*					\ \	
INSPECTING OF	FICER			DON'T FU					
MAG			PRINT FULL NAME AUSTIN L ROY			ER			
TYPE II PERMIT NUMBER 240247	0.		12/05/20		417-895-6				
RETURN COMPL	ETED REPO	RT TO	THE Breath Alcohol Proby mail, fax, or ema	gram, Missouri iil	Department o	f Health and Senior	Services		
MO 580-2898 (5-19)			AN EQUAL OPPORTU	NITY/AFFIRMATIVE /	CTION EMPLOYER			LAD 400	



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

## INTOX DMT MAINTENANCE REPORT

REPORT #1

WALL THE TOTAL DIVINITY IN THE	LIVANOL ILLI OILI			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Complete this report whenever the instru Retain the original and send a copy with	egular monthly preventive maintenance cl ument is serviced or repaired and whenev nin 15 days to the Breath Alcohol Progran	ver it is placed i		
	<sup>AGENCY</sup> ouri State Highway Patrol		DATE OF INSPECTION 01/21/2025	
LOCATION OF INSTRUMENT (STREET AND CITY) 201 E. Water St. Greenfield, MO, 6			TIME OF INSPECTION 09:02:33	
CHECKLIST: Place a mark in the box b values where determined). Unmarked ite	by each item if found to be satisfactory or ems must be corrected before using instru	is operating wit	thin established limits. (Wri	ite in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME 01/21/2025 09	9:02:36 ⊠ DET	ECTOR		
☑ PROGRAM		ER 1		***************************************
☑ SAMPLE CHAMBER 48.8°C	☑ FILT	ER 2		
☑ BREATH TUBE 46.7°C	☑ FILT	ER 3		
☑ PUMP	INTE	ERNAL STANE	DARD	
BREATH ANALYZER ACCURACY ST	TANDARDS			
☐ SIMULATOR STANDARD	⊠ con	APRESSED E	THANOL-GAS MIXTURE	
☑ STANDARD SUPPLIER INTOXIM	METERS LOT#_AG320	501	EXP. DATE <u>07/2</u>	24/2025
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE_	
of .005 or less. Mark the box corres  1 0.10% STANDARD - MUST  1 0.08% STANDARD - MUST	DNE STANDARD IS TO BE USED PER II three tests must be within ±5% of the staponding to the standard being used.  I READ BETWEEN 0.095% AND 0.1059  I READ BETWEEN 0.076% AND 0.0849  I READ BETWEEN 0.038% AND 0.0429	% INCLUSIVE % INCLUSIVE		
TEST 1: 0.098	TEST 2: 0.098		TEST 3: 0.098	
☑ PERFORM R.F.I. TEST	•			
INDICATE THE NUMBER OF BREAT	TH TESTS IN THE FOLLOWING RANG	SES SINCE TI	HE LAST MAINTENANC	E REPORT:
REFUSALS: 0 004: 0	.0509: 0 .1014	: 0	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSAR	ON OR MODIFICATION THAT WAS MADE TO RESTORE T	HE INSTRUMENT TO	OPERATE SATISFACTORILY AND V	WITHIN
NSPECTING OFFICER			Part of the part o	
SIGNATURE	PRINT FU	LL NAME	Contract of the Contract of th	
(M. 80	AUS'	TIN L ROYST	TER	
YPE II PERMIT NUMBER // 240247	12/05/2026	417-895-6		
RETURN COMPLETED REPORT TO	THE Breath Alcohol Program, Missouri by mail, fax, or email	Department o	f Health and Senior Servic	es