



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 500109	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 01/03/2025
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LOCATION OF INSTRUMENT (STREET AND CITY) Maries Co. SO 211 4th St, Vienna, MO 65582	TIME OF INSPECTION 06:55:55
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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

DIAGNOSTIC RECORD

DATE AND TIME <u>01/03/2025 06:55:58</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>45.4°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS LOT # AG335303 EXP DATE 12/19/2025

SIMULATOR TEMP (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST EXP DATE _____

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

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 0.100	TEST 2 0.100	TEST 3 0.100
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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 0	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)

Time adjusted

INSPECTING OFFICER

SIGNATURE <i>J Bellers</i>	PRINT FULL NAME JON-YVES E BELLERS
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TYPE OF PERMIT NUMBER 240176	EXPIRATION DATE 08/19/2026	TELEPHONE NUMBER 573-368-2345
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RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services
by mail, fax, or email