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	NAME OF AGENCY	DATE OF INSPECTION
500111	Missouri State Highway Patrol	03/05/2025

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
211 South New Madrid, Benton, Missouri	12:43:13

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 03/05/2025 12:43:15   ☒ DETECTOR

   ☒ PROGRAM   ☒ FILTER 1

   ☒ SAMPLE CHAMBER 48.8°C   ☒ FILTER 2

   ☒ BREATH TUBE 48.1°C   ☒ FILTER 3

   ☒ PUMP   ☒ INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

   ☐ SIMULATOR STANDARD   ☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER INTOXIMETER   LOT # AG320501   EXP. DATE 07/24/2025

☐ 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: 0.099	TEST 2: 0.098	TEST 3: 0.099

☒ 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: 1	.10-.14: 0	.15-.19: 2	OVER .19: 0

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)

ADVANCED TIME FORWARD 2 MINUTES

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME
[signature]	ADAM R SHIPLEY

TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
230275	11/28/2025	573-840-9500

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