



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

**RECEIVED**  
By Carol Day at 11:24 am, Apr 01, 2014

**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 <b>500088</b>	NAME OF AGENCY <b>Missouri State Highway Patrol</b>	DATE OF INSPECTION <b>03/25/2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>2920 North Shamrock Road, Jefferson City</b>		TIME OF INSPECTION <b>08:41:10</b>

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"/> <b>DIAGNOSTIC RECORD</b>	
DATE AND TIME <u>03/25/2014 08:41:12</u>	<input checked="" type="checkbox"/> <b>DETECTOR</b>
<input checked="" type="checkbox"/> <b>PROGRAM</b>	<input checked="" type="checkbox"/> <b>FILTER 1</b>
<input checked="" type="checkbox"/> <b>SAMPLE CHAMBER 48.7°C</b>	<input checked="" type="checkbox"/> <b>FILTER 2</b>
<input checked="" type="checkbox"/> <b>BREATH TUBE 47.9°C</b>	<input checked="" type="checkbox"/> <b>FILTER 3</b>
<input checked="" type="checkbox"/> <b>PUMP</b>	<input checked="" type="checkbox"/> <b>INTERNAL STANDARD</b>

<b>BREATH ANALYZER ACCURACY STANDARDS</b>	
<input type="checkbox"/> <b>SIMULATOR STANDARD</b>	<input checked="" type="checkbox"/> <b>COMPRESSED ETHANOL-GAS MIXTURE</b>

<input checked="" type="checkbox"/> <b>STANDARD SUPPLIER <u>ILMO</u></b>	<b>LOT # <u>17513080A1</u></b>	<b>EXP. DATE <u>07/01/2015</u></b>
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<input type="checkbox"/> <b>SIMULATOR TEMP (34°C ± 0.2°C)</b>	<b>SIMULATOR SN</b>	<b>SIMULATOR EXP DATE</b>
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<input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b> 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 type="checkbox"/> <b>0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</b>	
<input checked="" type="checkbox"/> <b>0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</b>	
<input type="checkbox"/> <b>0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</b>	

<b>TEST 1: 0.078</b>	<b>TEST 2: 0.077</b>	<b>TEST 3: 0.078</b>
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<input checked="" type="checkbox"/> <b>PERFORM R.F.I. TEST</b>
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

<b>REFUSALS: 0</b>	<b>0-.04: 0</b>	<b>.05-.09: 0</b>	<b>.10-.14: 0</b>	<b>.15-.19: 0</b>	<b>OVER .19: 0</b>
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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)

Updated instrument software to Ver. 43403-B.

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME <b>DEWAYNE D CARVER</b>
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TYPE II PERMIT NUMBER <b>230101</b>	EXPIRATION DATE <b>05/28/2015</b>	TELEPHONE NUMBER <b>573-751-4722</b>
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RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services  
Southeast District Office  
2875 James Blvd, Poplar Bluff, MO 63901



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790  
217-245-2183 • Fax: 217-243-7634 • www.ilmoproducts.com

## Certificate of Analysis

**Certificate ID:** 5178  
**Part #:** BAC105L080T  
**Cylinder Size:** 105L  
**Lot Number:** 17513080A1  
**Expiration:** 7/1/2015

### 0.080 BAC (For use with breath alcohol testing instruments)

**Contents:** 105 Liters @ 1000 psig 70°F (21°C)

Component:	Concentration:	Accuracy:	Method:
Ethanol	208.4 ppm	+/- 0.002 or 2%	NDIR
Nitrogen	Balance	BAC whichever is greater	

\*NIST Standard Reference Material  
Cylinder No. CCI57791 / Job No. 13029  
Certified 184.3 µmol/mol Ethanol in Nitrogen  
for ILMO Products Co., Jacksonville, IL

  
Specialty Gas Lab Tech

07/10/13  
Date

Distributed by: CMI Inc.  
316 East Ninth Street  
Owensboro, KY 42303  
Phone 866-835-0690  
[www.alcoholtest.com](http://www.alcoholtest.com)





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



**PERMIT**  
**TYPE II**

**DEWAYNE D CARVER**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV W/PRINTER, DATAMASTER, INTOX DMT**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 05/28/2013

NUMBER 230101

EXPIRES 05/28/2015

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
Paul Vukobrat  
Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)