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

INTOX DMT MAINTENANCE REPORT

RECEIVED
By Carol Day at 8:09 am, Jun 05, 2014

T #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
500099	Missouri State Highway Patrol	06/04/2014
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
1510 E. Elm Street, Jefferson City		20:57:37

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 06/04/2014 20:57:39 ☒ 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 ILMO LOT # 21913080A4 EXP. DATE 09/01/2015

☐ SIMULATOR TEMP (34°C ± 0.2°C)_____ SIMULATOR SN _____ SIMULATOR 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: 0.077	TEST 2: 0.077	TEST 3: 0.077

☒ PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 1	0-.04: 1	.05-.09: 5	.10-.14: 6	.15-.19: 2	OVER .19: 3

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)

Maintenance-Back in Service

INSPECTING OFFICER

SIGNATURE		PRINT FULL NAME
James C Cooksey		JAMES C COOKSEY
TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
240086	03/11/2016	573-840-9500

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

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Certificate of Analysis

Certificate ID: 5180

Part #: BAC105L080T
Cylinder Size: 105L
Lot Number: 21913080A4
Expiration: 9/1/2015

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% BAC whichever is greater	NDIR
Nitrogen	Balance		

*NIST Standard Reference Material
Cylinder No. CC14290 / Job No. 09160202
Certified 212.8 µmol/mol Ethanol in Nitrogen
for ILMO Products Co., Jacksonville, IL

Specialty Gas Lab Tech

08/22/13
Date

ISO/IEC 17025:2005 Accredited Laboratory

Distributed by: CMI Inc.
316 East Ninth Street
Owensboro, KY 42303
Phone 866-835-0690
www.alcoholtest.com

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

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PERMIT

TYPE II

JAMES C COOKSEY JR.

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

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 3/11/2014

NUMBER 240086

EXPIRES 3/11/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Gail Vasterling ,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator COOKSEY JR., JAMES

Permit No 240086

Date Issued 3/11/2014 **Date Expires** 3/11/2016