



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

INTOX DMT MAINTENANCE REPORT

RECEIVED REPORT #1
By Carol Day at 12:15 pm, Sep 22, 2014

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 500152	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 09/09/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Harrison County L.E.C., Bethany, MO		TIME OF INSPECTION 10:37:48

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"/> DIAGNOSTIC RECORD	
DATE AND TIME <u>09/09/2014 10:37:50</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>47.9°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR STANDARD	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>ILMO</u>	LOT # <u>21913080A4</u> EXP. DATE <u>09/01/2015</u>
<input type="checkbox"/> 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.

<input type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input checked="" type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
<input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: <u>0.077</u>	TEST 2: <u>0.078</u>	TEST 3: <u>0.077</u>
----------------------	----------------------	----------------------

PERFORM R.F.I. TEST

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

REFUSALS: <u>0</u>	<u>0-04: 1</u>	<u>05-09: 3</u>	<u>10-14: 2</u>	<u>15-19: 0</u>	<u>OVER 19: 0</u>
--------------------	----------------	-----------------	-----------------	-----------------	-------------------

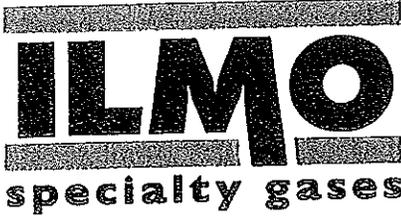
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS. (USE OTHER SIDE IF NECESSARY)

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME JUSTIN S JOHNSON
-----------	--

TYPE II PERMIT NUMBER 240174	EXPIRATION DATE 04/22/2016	TELEPHONE NUMBER 816-387-2345
--	--------------------------------------	---

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



Corporate Office:
P.O. Box 790, 7 Eastgate Drive
Jacksonville, IL 62651
217-245-2183
Fax: 217-243-7634
www.limoproducts.com



Certificate of Analysis

Customer CMI Calibration Laboratory, CMI Inc.
316 East Ninth Street, Owensboro, KY 42303

Item Description Ethanol Dry Gas Standard (Ethanol in Nitrogen)

Target Value 0.080 BAC

Lot Number 21913080A4

Manufacture Date August 6, 2013

Expiration Date September 1, 2015

Analysis Type/Test Method NDIR/DMT-1

Lot Average (ppm/BAC) 212.2/0.081

Lot Measurement of Uncertainty [± ppm/BAC] 4.7/0.0018

<u>NTRM Information</u>	
Batch#	09160202
Serial#	CC14290
Reported NIST Value (ppm)	212.8

Jacob M. Miller
Specialty Gas Analytical Lab Technician
ILMO Products Company

08/22/13
Date

- * The stated expanded uncertainty was determined from the combined uncertainty associated with the following: calibration standard, equipment accuracy, repeatability and random variability (instrument readability). The uncertainty is expressed as $U = ku$, where u is the combined standard uncertainty and the coverage factor k is equal to 2, yielding a level of confidence of approximately 95%.
- * The results on this report relate only to the items tested in the group of cylinders designated by the 'Lot Number' field.



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

2

PERMIT
TYPE II

JUSTIN S JOHNSON

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 4/22/2014

NUMBER 240174

EXPIRES 4/22/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (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 **JOHNSON, JUSTIN**
Permit No **240174**
Date Issued **4/22/2014** Date Expires **4/22/2016**