



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
 BREATH ALCOHOL PROGRAM  
 INTOX DMT MAINTENANCE REPORT

**RECEIVED**  
 By Carol Day at 3:38 pm, Oct 14, 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 500158	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 10/03/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 207 North Main Street, Plattsburg, Mo 64477		TIME OF INSPECTION 08:06:38

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>10/03/2014 08:06:40</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.9°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>44.8°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 _____

<input checked="" type="checkbox"/> 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: 0.077	TEST 2: 0.078	TEST 3: 0.079
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS: 0	0-.04: 2	.05-.09: 1	.10-.14: 4	.15-.19: 0	OVER .19: 1

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)

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**INSPECTING OFFICER**

SIGNATURE <i>A. Henry</i>	PRINT FULL NAME ANDREW A HENRY	
TYPE II PERMIT NUMBER 240169	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 780, 7 Eastgate Drive  
Jacksonville, IL 62851  
217-245-2183  
Fax: 217-243-7634  
www.ilmo-products.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 [ $\pm$  ppm/BAC]** 4.7/0.0018

#### NTRM Information

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

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**PERMIT  
 TYPE II**

**ANDREW A HENRY**

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 240169

EXPIRES 4/22/2016

80-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 HENRY, ANDREW  
 Permit No 240169  
 Date issued 4/22/2014 Date Expires 4/22/2016