



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 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 500160	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 10/02/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 610 Main Street, Trenton, MO 64683		TIME OF INSPECTION 09:14:02

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 <u>10/02/2014 09:14:04</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>47.3°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> 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: 0.079

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: 0	.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)

INSPECTING OFFICER

SIGNATURE <i>Jason C. Daly</i>	PRINT FULL NAME JASON C DALY	
TYPE II PERMIT NUMBER 240157	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 62851
217-245-2183
Fax: 217-243-7634
www.ilmoproducts.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

2

PERMIT
TYPE II
JASON C DALY

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 240157

EXPIRES 4/22/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

87-0771 (6-10)

LAB-4, (16-10)

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 DALY, JASON
 Permit No 240157
 Date Issued 4/22/2014 Date Expires 4/22/2016