



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

**RECEIVED**  
 By Carol Day at 1:18 pm, Nov 24, 2014

**INTOX DMT MAINTENANCE REPORT**

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 500163	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 11/13/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Andrew County Sheriff's Department, Savannah		TIME OF INSPECTION 09:57:20

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>11/13/2014 09:57:21</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>46.7°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: 0.077

PERFORM R.F.I. TEST

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

REFUSALS: 0	0-.04: 2	.05-.09: 0	.10-.14: 0	.15-.19: 0	OVER .19: 0
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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)

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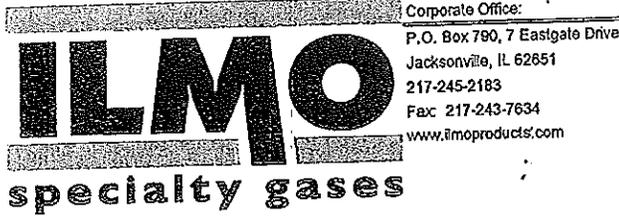
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**INSPECTING OFFICER**

SIGNATURE PRINT FULL NAME  
S J FORCE

TYPE II PERMIT NUMBER 240090 EXPIRATION DATE 03/11/2016 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



### 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

*James M. Watts*  
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**

**STEVEN J FORCE**

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**

the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 7.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

EXPIRES 3/11/2014

PERMIT NO. 240090

ISSUED 3/11/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

(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 FORCE, STEVEN  
 Permit No 240090  
 Date Issued 3/11/2014 Date Expires 3/11/2016