



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

INTOX DMT MAINTENANCE REPORT

received 1/24/14-cc REPORT #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.

REVIEWED
By Carol Day at 10:18 am, Feb 03, 2014

| | | |
|---|--|---|
| INTOX DMT SN 500165 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 01/13/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 2920 North Shamrock Road, Jefferson City | | TIME OF INSPECTION 15:51:32 |

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>01/13/2014 15:51:34</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>48.1°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>17513080A1</u> | EXP. DATE <u>07/01/2015</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: 0.077 | TEST 3: 0.077 |
|----------------------|----------------------|----------------------|

| |
|---|
| <input checked="" type="checkbox"/> 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: 0 | 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 | PRINT FULL NAME DEWAYNE D CARVER |
| TYPE II PERMIT NUMBER 230101 | TELEPHONE NUMBER 573-751-4722 |
| EXPIRATION DATE 05/28/2015 | |

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



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790
217-245-2183 • Fax: 217-243-7634 • www.ilmoproducts.com

Certificate of Analysis

Certificate ID: 5178
Part #: BAC105L080T
Cylinder Size: 105L
Lot Number: 17513080A1
Expiration: 7/1/2015

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% | NDIR |
| Nitrogen | Balance | BAC whichever is greater | |

*NIST Standard Reference Material
Cylinder No. CC157791 / Job No. 13029
Certified 184.3 $\mu\text{mol/mol}$ Ethanol in Nitrogen
for ILMO Products Co., Jacksonville, IL


Specialty Gas Lab Tech

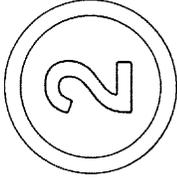
07/10/13
Date

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



PERMIT
TYPE II

DEWAYNE D CARVER

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

ALCO-SENSOR IV W/PRINTER, 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 05/28/2013

NUMBER 230101

EXPIRES 05/28/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES