



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 1:49 pm, May 19, 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 500173	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 05/10/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 211 E. Newton, Versailles, MO 65084		TIME OF INSPECTION 11:20:16

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 05/10/2014 11:20:18

DETECTOR

PROGRAM

FILTER 1

SAMPLE CHAMBER 48.7°C

FILTER 2

BREATH TUBE 45.6°C

FILTER 3

PUMP

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: 0.076

TEST 2: 0.076

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: 2

0-.04: 5

.05-.09: 3

.10-.14: 1

.15-.19: 2

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)

INSPECTING OFFICER

SIGNATURE

Brian J Geier 599

PRINT FULL NAME

BRIAN J GEIER

TYPE II PERMIT NUMBER

230324

EXPIRATION DATE

12/23/2015

TELEPHONE NUMBER

573-751-1000

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: 5180
Part #: BAC105L080T
Cylinder Size: 105L
Lot Number: 21913080A4
Expiration: 9/1/2015

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. CC14290 / Job No. 09160202
 Certified 212.8 µmol/mol Ethanol in Nitrogen
 for ILMO Products Co., Jacksonville, IL

Jacob Mattes
 Specialty Gas Lab Tech

08/22/13
 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
BRIAN J GEIER

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 12/23/2013

NUMBER 230324

EXPIRES 12/23/2015

MO 690-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

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 **GEIER, BRIAN**
Permit No **230324**
Date Issued **12/23/2013** Date Expires **12/23/2015**