



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

INTOX DMT MAINTENANCE REPORT

REPORT #1
RECEIVED 8/5/14-CD

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 1:15 pm, Aug 15, 2014

INTOX DMT SN 500203	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 07/26/2014
------------------------	---	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) Marion CO SO, 1703 Marion City Rd, Palmyra, MO	TIME OF INSPECTION 22:21:02
--	--------------------------------

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.

<input checked="" type="checkbox"/> DIAGNOSTIC RECORD	
DATE AND TIME <u>07/26/2014 22:21:04</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°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>175138080A1</u> EXP. DATE <u>07/01/2015</u>
<input type="checkbox"/> 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.

<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:	TEST 2:	TEST 3:
---------	---------	---------

PERFORM R.F.I. TEST

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

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

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)

Taken out-of-service. *(Signature)*

INSPECTING OFFICER

SIGNATURE <i>(Signature)</i>	PRINT FULL NAME JAMES P JOHNSON	
TYPE II PERMIT NUMBER 240173	EXPIRATION DATE 04/22/2016	TELEPHONE NUMBER 660-385-2132

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. CCI57791 / Job No. 13029
Certified 184.3 µmol/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



STANDARD CHANGE

Missouri State Highway Patrol
INTOX dmt: 500203

Date: 07/26/2014
Time: 22:35:15

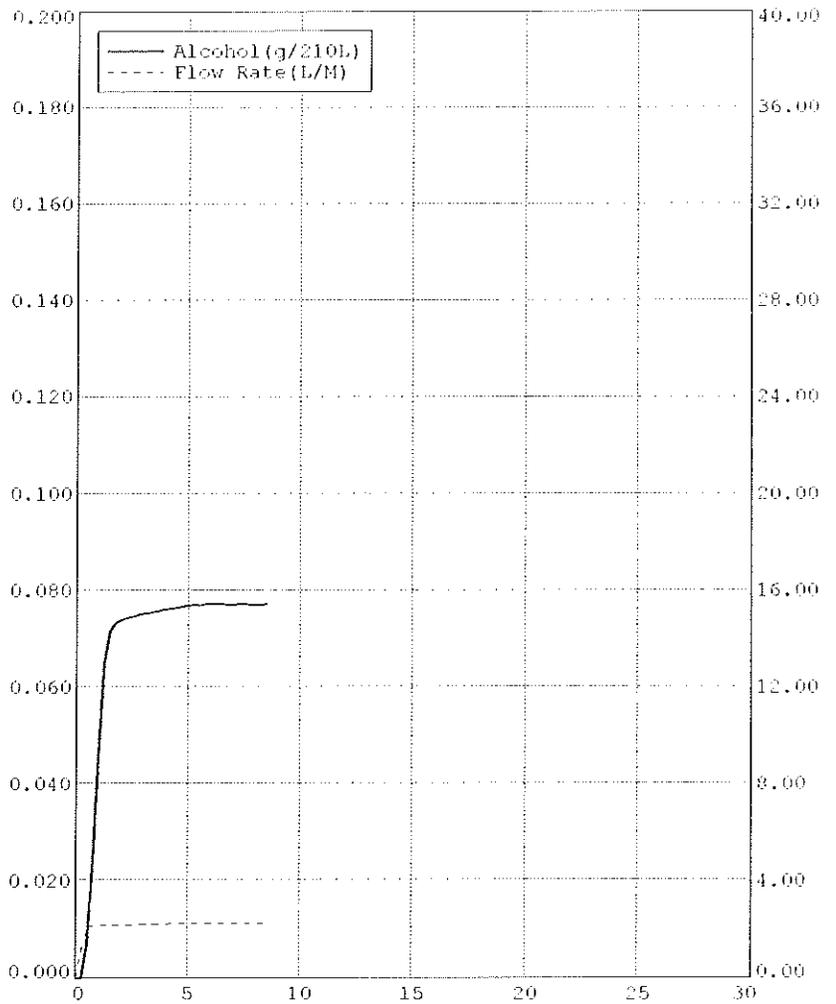
OPERATOR NAME:
JAMES P JOHNSON
PERMIT NUMBER: 240173
EXPIRATION DATE: 04/22/2016

LOT #: 175138080A1
SUPPLIER: ILMO
EXPIRATION: 07/01/2015
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION
CONCENTRATION: 0.080
TARGET: 0.077

BLANK TEST	0.000	22:36
INTERNAL STANDARD	VERIFIED	22:36
EXTERNAL STANDARD	INTERFERENCE	22:36

Interference Detected



EXTERNAL STORAGE
DEVICE NOT FOUND

STANDARD CHANGE

Missouri State Highway Patrol
INTOX dmt: 500203

Date: 07/26/2014
Time: 22:30:37

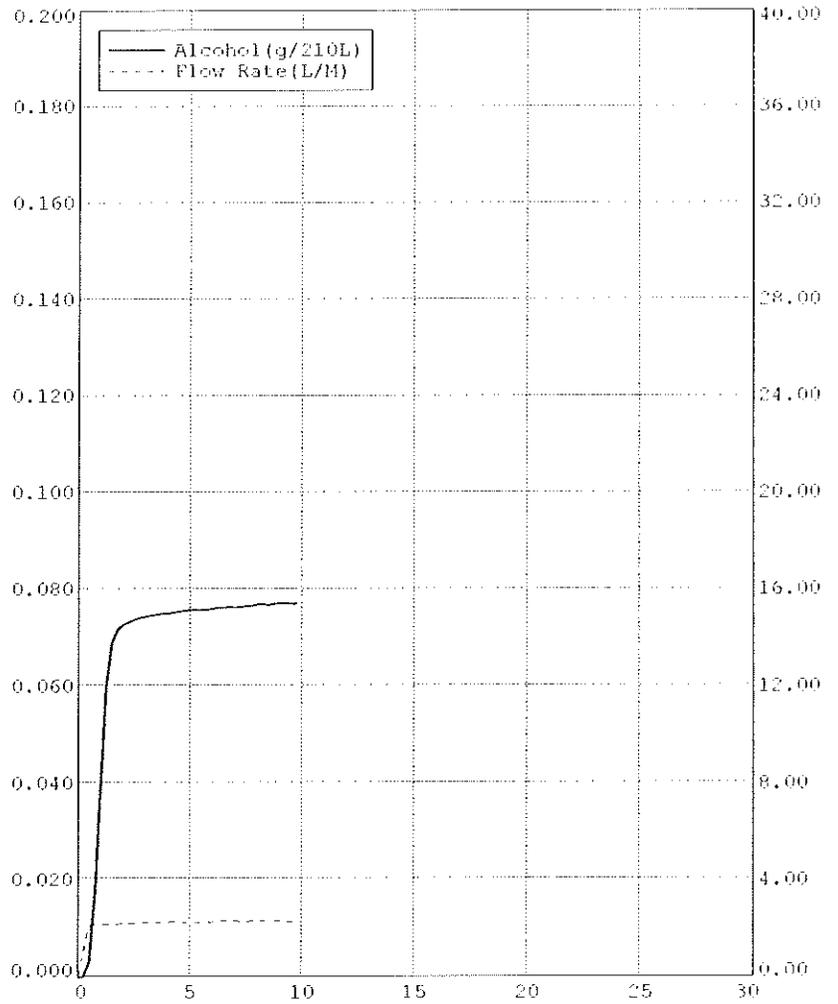
OPERATOR NAME:
JAMES P JOHNSON
PERMIT NUMBER: 240173
EXPIRATION DATE: 04/22/2016

LOT #: 175138080A1
SUPPLIER: ILMO
EXPIRATION: 07/01/2015
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION
CONCENTRATION: 0.080
TARGET: 0.077

BLANK TEST	0.000	22:31
INTERNAL STANDARD	VERIFIED	22:31
EXTERNAL STANDARD	INTERFERENCE	22:31

Interference Detected





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



**PERMIT
 TYPE II**

JAMES P JOHNSON

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 240173

EXPIRES 4/22/2016

580-0771 (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 JOHNSON, JAMES
 Permit No 240173
 Date Issued 4/22/2014 Date Expires 4/22/2016