



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM  
**INTOX DMT MAINTENANCE REPORT**

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.

INTOX DMT SN 500137	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 01/08/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 5 Basler Drive, Ste. Genevieve, MO 63670		TIME OF INSPECTION 20:35:00

**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"/> <b>DIAGNOSTIC RECORD</b>	
DATE AND TIME <u>01/08/2015 20:35:02</u>	<input checked="" type="checkbox"/> <b>DETECTOR</b>
<input checked="" type="checkbox"/> <b>PROGRAM</b>	<input checked="" type="checkbox"/> <b>FILTER 1</b>
<input checked="" type="checkbox"/> <b>SAMPLE CHAMBER</b> <u>48.7°C</u>	<input checked="" type="checkbox"/> <b>FILTER 2</b>
<input checked="" type="checkbox"/> <b>BREATH TUBE</b> <u>46.8°C</u>	<input checked="" type="checkbox"/> <b>FILTER 3</b>
<input checked="" type="checkbox"/> <b>PUMP</b>	<input checked="" type="checkbox"/> <b>INTERNAL STANDARD</b>

**BREATH ANALYZER ACCURACY STANDARDS**

<input type="checkbox"/> <b>SIMULATOR STANDARD</b>	<input checked="" type="checkbox"/> <b>COMPRESSED ETHANOL-GAS MIXTURE</b>
<input checked="" type="checkbox"/> <b>STANDARD SUPPLIER</b> <u>ILMO</u>	LOT # <u>21913080A4</u> EXP. DATE <u>09/01/2015</u>
<input type="checkbox"/> <b>SIMULATOR TEMP</b> (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: 0.076
---------------	---------------	---------------

**PERFORM R.F.I. TEST**

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

REFUSALS: 0	0-.04: 1	.05-.09: 2	.10-.14: 6	.15-.19: 3	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 	PRINT FULL NAME <b>BRENT J FOWLER</b>
TYPE II PERMIT NUMBER 240050	EXPIRATION DATE 03/07/2016
TELEPHONE NUMBER	

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.ilmo-products.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	288.4 ppm	+/- 0.002 or 2% BAC whichever is greater	NDIR
Nitrogen	Balance		

\*NIST Standard Reference Material  
Cylinder No. CCI4290 / Job No. 09160202  
Certified 212.8 µmol/mol Ethanol in Nitrogen  
for ILMO Products Co., Jacksonville, IL

*James Matter*  
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](http://www.alcoholtest.com)





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



**PERMIT**  
**TYPE II**

**BRENT J FOWLER**

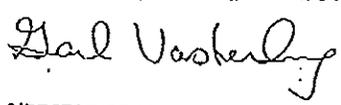
hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**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 3/7/2014  
 PERMIT NUMBER 240050  
 EXPIRES 3/7/2016  
 SECTION 577.020 (6-10)

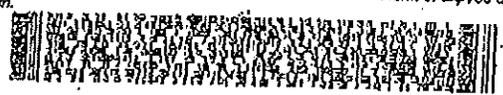
  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
 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: FOWLER, BRENT  
 Permit No: 240050  
 Date Issued: 3/7/2014 Date Expires: 3/7/2016