



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

**RECEIVED** REPORT #  
**By Carol Day at 12:45 pm, Aug 20, 2015**

Complete this report at the time of the regular monthly preventive maintenance check.  
 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<br>500138  | NAME OF AGENCY<br>Missouri State Highway Patrol | DATE OF INSPECTION<br>08/20/2015 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>301 North 2nd Street, St. Charles (SCC DOC) |   | TIME OF INSPECTION<br>10:09:22   |

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>08/20/2015 10:09:24</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>25814080A3</u> EXP. DATE <u>10/05/2016</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)<br>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: 0.079 | TEST 2: 0.079 | TEST 3: 0.078 |
|---------------|---------------|---------------|

|   |
|---|
| <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: 2 | .05-.09: 4 | .10-.14: 3 | .15-.19: 3 | 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)

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**INSPECTING OFFICER**

|  |                                       |
|--|---------------------------------------|
| SIGNATURE<br><i>(Pl. B. Seymore, #641)</i> | PRINT FULL NAME<br><b>B M SEYMORE</b> |
|--|---------------------------------------|

|                                 |                               |                                  |
|---------------------------------|-------------------------------|----------------------------------|
| TYPE II PERMIT NUMBER<br>240074 | EXPIRATION DATE<br>03/07/2016 | TELEPHONE NUMBER<br>636-300-2800 |
|---------------------------------|-------------------------------|----------------------------------|

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:** 7199  
**Part #:** BAC108L080T  
**Cylinder Size:** 108L  
**Lot Number:** 25814080A3  
**Expiration:** 10/5/2016

**0.080 BAC** (For the calibration of instruments used to determine breath alcohol concentration)

**Contents:** 108 Liters @ 1200 psig 70°F (21°C)

| Component: | Concentration: | Accuracy:                | Method: |
|------------|----------------|--------------------------|---------|
| Ethanol    | 208 ppm        | +/- 0.002 or 2%          | NDIR    |
| Nitrogen   | balance        | BAC whichever is greater |         |

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

Store in dry area, away from sources of heat, ignition  
and direct sunlight. Do not allow storage area to  
exceed 52 °C (125 °F).

*Jacob Mattes*  
Specialty Gas Lab Tech

*09/25/14*  
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**

2

**PERMIT**  
**TYPE II**

**BARTON M SEYMORE**

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 3/7/2014

NUMBER 240074

EXPIRES 3/7/2016

MO 590-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

L46-4 (RS-13)



**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 SEYMORE, BARTON  
 Permit No 240074  
 Date Issued 3/7/2014 Date Expires 3/7/2016