

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

RECEIVED 8/5/16-CAROL DAY

INTOX DMT MAINTENANCE REPORT

REPORT #1

This report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
State this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Return the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INSTRUMENT SN 207 500207	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 07/29/2016
LOCATION OF INSTRUMENT (STREET AND CITY) Warren County SO, 300 N. Main, Paris		TIME OF INSPECTION 13:32:18

INSTRUCTIONS: 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 <u>07/29/2016 13:32:20</u>	<input checked="" type="checkbox"/> DETECTOR
TEST PROGRAM	<input checked="" type="checkbox"/> FILTER 1
SAMPLE CHAMBER <u>48.8°C</u>	<input checked="" type="checkbox"/> FILTER 2
BREATH TUBE <u>45.7°C</u>	<input checked="" type="checkbox"/> FILTER 3
PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD
TEST ANALYZER ACCURACY STANDARDS	
SIMULATOR STANDARD	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
STANDARD SUPPLIER <u>ILMO</u>	LOT # <u>25814080A3</u> EXP. DATE <u>10/05/2016</u>
SIMULATOR TEMP (34°C ± 0.2°C)	SIMULATOR SN
	SIMULATOR EXP DATE

LIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
Perform three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of 0.005 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: 0.078	TEST 2: 0.077	TEST 3: 0.077

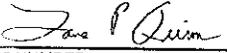
PERFORM R.F.I. TEST

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

0-04: 0	04-08: 0	08-12: 0	12-16: 0	16-20: 0	OVER 20: 0
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REPAIR 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)

TESTING OFFICER

	PRINT FULL NAME LANE P QUINN
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EXPIRATION DATE 03/23/2018	TELEPHONE NUMBER 660-385-2132
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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% 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

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 Matthes
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



ISO/IEC 17025:2005 Accredited Laboratory



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

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PERMIT
TYPE II
LANE P QUINN

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

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 3/23/2016

NUMBER 260159

EXPIRES 3/23/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 QUINN, LANE
 Permit No 260159
 Date Issued 3/23/2016 Date Expires 3/23/2018