



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

RECEIVED
 By Carol Day at 8:40 am, Feb 20, 2015

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 500102	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 02/15/2015
LOCATION OF INSTRUMENT (STREET AND CITY) Butler Co. SO, 200 Oak St., Poplar Bluff		TIME OF INSPECTION 12:41:03

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>02/15/2015 12:41:05</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>45.7°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>25814080A4</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) 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: 0.079
<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: 0	.05-.09: 0	.10-.14: 3	.15-.19: 1	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)

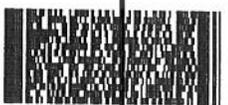
This instrument operated within DHSS standards.

INSPECTING OFFICER		
SIGNATURE <i>Shayne K Talburt</i>	PRINT FULL NAME SHAYNE K TALBURT	
TYPE II PERMIT NUMBER 240076	EXPIRATION DATE 03/07/2016	TELEPHONE NUMBER 573-840-9500

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



258 4080A4
 EXP DATE
 10/5/2016
 CYL 013



25814080A4
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EGS

ETHANOL GAS STANDARD

0.080 BAC

ETHANOL IN NITROGEN

**ANALYTICAL ACCURACY: ± 2% OR ± 0.002 BAC
 WHICHEVER IS GREATER**

See *Altitude Correction Chart for Conversion*
 Certification: Traceable to N.I.S.T.
 NTPM Ethanol Standards Batch No. 091602

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

EXPIRATION DATE: 10/5/2016

For ordering information contact:



CMI INC.
 316 East 9th Street
 Owensboro, Ky 42303
 (866) 835-0690
 www.alcoholtest.com
 CMI P/N 000000



25814080A4
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DOT-3AL2216 TC-3ALM153 M-5422

FEDERAL LAW FORBIDS TRANSPORTATION IF REFILLED - PENALTY UP TO \$500,000 FINE AND 5 YEARS IMPRISONMENT (49 U.S.C. 5124).

ALTIUDE CORRECTION CHART

High pressure gas. Can cause suffocation.	CAUTION	Appropriate BAC #
WARNING Contents under pressure. Do not puncture. Do not use or store near heat or open flame. Exposure to temperature above 52°C (125°F) may cause contents to vent or cause bursting. Never throw container into fire or incinerate. Store and use with adequate ventilation. Use with equipment rated for cylinder pressure. Use in accordance with appropriate Material Safety Data Sheet.	Labeled BAC # X	Correction Factor
FIRE ACTION Move container from fire area, if you can do so without risk. Cool container exposed to flames with water from the side until wall after the fire is out.	ELEVATION FROM SEA LEVEL (FT)	CORRECTION FACTOR
FIRST AID IF INHALED, move to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give Oxygen.	0	1.0
	500	0.981
	1000	0.962
	1500	0.943
	2000	0.925
	2500	0.907
	3000	0.889
	3500	0.872
	4000	0.854
	4500	0.837
	5000	0.820
	5500	0.804
	6000	0.787
	6500	0.771
	7000	0.755
	7500	0.740
	8000	0.724

FOR LABORATORY, LAW ENFORCEMENT AND INDUSTRIAL/COMMERCIAL USE ONLY

Elevation / altitude compensation is not necessary for instruments with automatic compensation.

WARNING ALUMINUM HIGH PRESSURE GAS CYLINDER

Explosion Hazard: Improper use, filling, storage or disposable may result in personal injury, death or property damage.
 Do not alter or modify this cylinder or the valve in anyway. Do not us any caustic paint strippers or corrosive cleaners. Always secure cylinder in cool dry area, out of the reach of children. Do not expose filled cylinder to any heat source, flame or condition where the temperature may exceed 130 degrees F. Cylinders exposed to fire or heat in excess of 350 degrees F must be condemned. Cylinders refinished or subjected to elevated temperatures must be hydrostatically tested prior to refilling.
 Do not remove, alter or obscure this warning label.
 Only trained personnel should replace valves and pressure relief devices.
 Cylinder must be filled by properly trained personnel in accordance with this instruction and C.G.A. pamphlets C-1, C-6.1, G-6, G-6.2, G-6.3 and P-1 available from the Compressed Gas Assoc. at ph. 703-788-2700 or www.cgsnet.com



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

2

**PERMIT
 TYPE II**

SHAYNE K TALBURT

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 240076

EXPIRES 3/7/2016

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 TALBURT, SHAYNE
 Permit No 240076
 Date Issued 3/7/2014 Date Expires 3/7/2016