



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

**INTOX DMT MAINTENANCE REPORT**

**RECEIVED**  
By Ellen Strawsine at 3:10 pm, Jan 21, 2016

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 <b>500102</b>	NAME OF AGENCY <b>Missouri State Highway Patrol</b>	DATE OF INSPECTION <b>01/21/2016</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>Butler Co. SO, 200 Oak St., Poplar Bluff</b>		TIME OF INSPECTION <b>11:52:09</b>

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.

**DIAGNOSTIC RECORD**

DATE AND TIME <u>01/21/2016 11:52:11</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>44.2°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

**BREATH ANALYZER ACCURACY STANDARDS**

SIMULATOR STANDARD       COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER ILMO      LOT # 25814080A4      EXP. DATE 10/05/2016

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.

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: <b>0.076</b>	TEST 2: <b>0.076</b>	TEST 3: <b>0.076</b>
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**PERFORM R.F.I. TEST**

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

REFUSALS: <b>1</b>	0-.04: <b>6</b>	.05-.09: <b>1</b>	.10-.14: <b>3</b>	.15-.19: <b>1</b>	OVER .19: <b>0</b>
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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 	PRINT FULL NAME <b>SHAYNE K TALBURT</b>
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TYPE II PERMIT NUMBER <b>250314</b>	EXPIRATION DATE <b>12/28/2017</b>	TELEPHONE NUMBER <b>573-840-9500</b>
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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**



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

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**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):

**ALCO-SENSOR IV WITH PRINTER, 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 12/28/2015

NUMBER 250314

EXPIRES 12/28/2017

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**

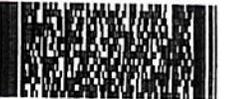
*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*



Operator TALBURT, SHAYNE  
Permit No 250314  
Date Issued 12/28/2015    Date Expires 12/28/2017



25814080A4  
 EXP DATE  
 10/5/2016  
 CYL 013



25814080A4  
 EXP DATE  
 10/5/2016  
 CYL 013

# EGGS

## ETHANOL GAS STANDARD

### 0.080 BAC

## ETHANOL IN NITROGEN

ANALYTICAL ACCURACY:  $\pm 2\%$  OR  $\pm 0.002$  BAC  
 WHICH EVER IS GREATER

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

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

EXPIRATION DATE: 10/5/2016

For ordering information contact:



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



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).

CAUTION High pressure gas. Can cause suffocation.

**WARNING**  
 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.

**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 well after the fire is out.

**FIRST AID**  
 IF INHALED, move to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give Oxygen.

ELEVATION FROM SEA LEVEL (FT)	CORRECTION FACTOR
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 disposal may result in personal injury, death or property damage.  
 Do not alter or modify this cylinder or the valve in anyway. Do not use 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.cgsa.net.com