MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY

DATAMASTER MAINTENANCE REPORT

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN	DATE OF INSPECTION
LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☐ DIAGNOSTIC CHECK (PRINTOUT ATTACHED)

☐ COMPUTER	☐ DETECTOR
☐ PROGRAM	☐ FILTERS
☐ HEATERS SAMPLE CHAMBER _____ °C	☐ QUARTZ STANDARD
☐ FLOW DETECTOR	☐ CALIBRATION
☐ PUMP HIGH SPEED	☐ PRINTER

☐ INDICATOR LIGHTS

☐ TIME AND DATE

☐ SIMULATOR TEMPERATURE (34 °C ± 0.2°C)

☐ CALIBRATION CHECK -

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)

☐ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE
(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 ☛	TEST 2 ☛	TEST 3 ☛

☐ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

☐ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: **(DO NOT INCLUDE SIMULATOR TESTS)**

REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(Over .19)

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 NAME
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis