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

DATAMASTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 12:24 pm, Jul 14, 2014

REPORT #6

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.

DATAMASTER SN	NAME OF AGENCY	DATE OF INSPECTION
127200	Missouri State Highway Patrol	07/06/2014

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
MO Hwy 5 at Harvest Road in Camden County	2:39 am

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☑ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) — DATE AND TIME (from printout) 7-6-14/0239 hours

☑ COMPUTER — ☑ DETECTOR

☑ PROGRAM — ☑ FILTERS

☑ HEATERS SAMPLE CHAMBER 50 °C — ☑ QUARTZ STANDARD

☑ FLOW DETECTOR — ☑ CALIBRATION

☑ PUMP HIGH SPEED — ☑ PRINTER

☑ INDICATOR LIGHTS

☑ SIMULATOR SOLUTION SUPPLIER Repco Marketing, Inc. LOT # 13001 EXP. DATE 03/07/2015

☑ SIMULATOR TEMP (34°C ± 0.2°C) 33.98 °C SIMULATOR SN 2171 EXP. DATE 08/23/2014

☑ CALIBRATION CHECK – **(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)**

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. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☑ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1	TEST 2	TEST 3
.097%	.099%	.098%

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

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	OVER .19
0	0	2	1	1	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).

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME
S. M. Cummings #196	Cpl. S. M. Cummings
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
240007, 01/14/2016	(573) 751-1000

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

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