



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
 BREATH ALCOHOL PROGRAM  
**DATAMASTER MAINTENANCE REPORT**

RECEIVED 3/06/14-CD

**REVIEWED** REPORT #  
 By Carol Day at 3:52 pm, Mar 20, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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 127286	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 02/28/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 201 E. Water Street, Greenfield		TIME OF INSPECTION 7:45 pm

**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.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) 02/28/2014 @ 1945
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER

<input checked="" type="checkbox"/> INDICATOR LIGHTS
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth Laboratories, Inc LOT # 13280 EXP. DATE 10/16/2015
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 33.8 °C SIMULATOR SN G6830 EXP. DATE 11/19/2014

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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 0.099	TEST 2 0.099	TEST 3 0.099
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	OVER .19	0
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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).

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>Steven Jones</i>	PRINT FULL NAME Cpl. Steven Jones
TYPE II PERMIT NUMBER/EXPIRATION DATE 220347 10/10/2014	TELEPHONE NUMBER (417) 895-6868

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

Face This Side Down - This Edge In First

**BAC DataMaster**  
Evidence Ticket

Faint, illegible text, possibly a date or time stamp.

Faint, illegible text, possibly a date or time stamp.

Faint, illegible text, possibly a date or time stamp.

Faint, illegible text, possibly a date or time stamp.

Operator Signature

A handwritten signature in black ink, written over a horizontal line. The signature is stylized and appears to consist of the letters 'S', 'A', and 'J'.

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



STEVEN C JONES

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

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 10/10/2012

Number 220347

Expires 10/10/2014

Director of State Public Health Laboratory

Director, Department of Health

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# BAC DataMaster Evidence Ticket

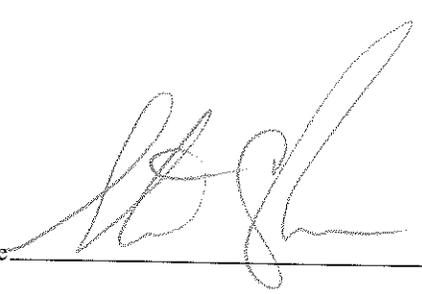
MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204181  
02/28/14  
19:45

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM (04-07-2009): OKAY  
HEATERS:  
SAMPLE CHAMBER: 49c  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

! " # \$ % & ' ( ) \* + , - . / : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~

Signature 

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# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204181  
02/28/14

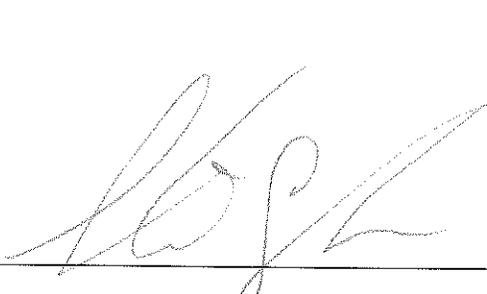
TESTING OFFICER:  
JONES, JAC  
OFFICER I.D.: 500  
PERMIT NUMBER: 289547  
EXPIRATION DATE: 10/18/14  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	19:57
INTERNAL STANDARD	VERIFIED	19:57
EXTERNAL STANDARD	.099	19:57
BLANK TEST	.000	19:58
EXTERNAL STANDARD	.099	19:58
BLANK TEST	.000	19:59
EXTERNAL STANDARD	.099	19:59
BLANK TEST	.000	20:00

N = 3  
S.D. = .1  
AVG. = .099



Operator Signature 

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**BAC DataMaster  
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204101  
08/28/14

ARREST TIME: 01:12  
SUBJECT NAME:  
RFI/TEST  
DOB: 01/12/83 SEX: M  
STATE/D.L.#: MO/J60883CH290  
ARRESTING OFFICER:  
JONES/S/C  
OFFICER I.D.: 500  
TESTING OFFICER:  
JONES/S/C  
OFFICER I.D.: 500  
PERMIT NUMBER: 220347  
EXPIRATION DATE: 12-10-14  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	0.000	20409
INTERNAL STANDARD	VERIFIED	20409
RADIO INTERFERENCE		

Operator Signature

