



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

RECEIVED REPORT #8
 By Carol Day at 8:56 am, May 12, 2014

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 ID# 201203	NAME OF AGENCY Chaffee Police Department	DATE OF INSPECTION 04-30-2014
LOCATION OF INSTRUMENT (STREET AND CITY) 222 W. Yorkum Ave Chaffee	TIME OF INSPECTION 12:19 hours	

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) 04-30-2014 @ 12:19 hours
<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 + 49.0 °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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER **RepCo Marketing** LOT # **13002** EXP. DATE **6-19-2015**

SIMULATOR TEMP (34°C ± 0.2°C) **+ 34.0 °C** SIMULATOR SN **SD2228** EXP. DATE **03-18-2015**

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 .099	TEST 2 .100	TEST 3 .101
--------------------	--------------------	--------------------

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 1	(0-.04) 0	(.05-.09) 1	(.10-.14) 0	(.15-.19) 0	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).
None.

INSPECTING OFFICER

SIGNATURE William Sammut	PRINT FULL NAME William Sammut
------------------------------------	--

TYPE II PERMIT NUMBER/EXPIRATION DATE 230026 02-08-2015	TELEPHONE NUMBER (573) 887-6911
---	---

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**

STATE OF MISSOURI
CHAFFEE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201203
04/30/14
12119

--- 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

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnop
qrstuvwxyz{|}~

Operator Signature

W. Summit 521 SEMO
DPS

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
CHAFFEE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201203
04/30/14

TESTING OFFICER:
SAMMUT/WILLIAM/J
OFFICER I.D.: 521 SEMO
PERMIT NUMBER: 230026
EXPIRATION DATE: 02/08/15
MISCELLANEOUS DATA:
APRIL MAINT REPORT

--- SUPERVISOR MODE ---

BLANK TEST	.000	12:45
INTERNAL STANDARD	VERIFIED	12:46
EXTERNAL STANDARD	.099	12:46
BLANK TEST	.000	12:46
EXTERNAL STANDARD	.100	12:47
BLANK TEST	.000	12:47
EXTERNAL STANDARD	.101	12:48
BLANK TEST	.000	12:48

N = 3
SIM. = .099
AVG. = .1

Operator Signature

W. Sammut SEMO
DPS

Place This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
CHAFFEE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201203
04/30/14

ARREST TIME: 12:19
SUBJECT NAME:
TEST/TEST/T
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/123456
ARRESTING OFFICER:
SAMMUT/WILLIAM/J
OFFICER I.D.: 521 SEMO
TESTING OFFICER:
SAMMUT/WILLIAM/J
OFFICER I.D.: 521 SEMO
PERMIT NUMBER: 230026
EXPIRATION DATE: 02/08/15
MISCELLANEOUS DATA:
RFI TEST
APRIL MAINT REPORT

--- BREATH ANALYSIS ---

BLANK TEST	.000	12:53
INTERNAL STANDARD	VERIFIED	12:54
RADIO INTERFERENCE		

Operator Signature W. Sammut 521 SEMO
DPS



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

2

PERMIT
 TYPE II

WILLIAM J SAMMUT

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

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 02/08/2013

NUMBER 230026

EXPIRES 02/08/2015

MO 584-0771 (6-10)

W. J. Sammut
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Shelley
 Acting Director
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LS-4 (pre-10)