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

# DATAMASTER MAINTENANCE REPORT

**RECEIVED**
*By Carol Day at 10:02 am, Sep 29, 2014*

REPORT #0

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 |
|---|---|---|
| 201223 | Branson West Police Department | 09/27/2014 |

| LOCATION OF INSTRUMENT (STREET AND CITY) | TIME OF INSPECTION |
|---|---|
| 110 Silverlady Ln Branson West Mo, 65737 | 9:02 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.

- ☑ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) — DATE AND TIME (from printout) 09-27-2014 21:02
- ☑ COMPUTER — ☑ DETECTOR
- ☑ PROGRAM — ☑ FILTERS
- ☑ HEATERS SAMPLE CHAMBER 49 °C — ☑ QUARTZ STANDARD
- ☑ FLOW DETECTOR — ☑ CALIBRATION
- ☑ PUMP HIGH SPEED — ☑ PRINTER
- ☑ INDICATOR LIGHTS
- ☑ SIMULATOR SOLUTION SUPPLIER Guth Laboratories — LOT # 14030 — EXP. DATE 01/20/2016
- ☑ SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C — SIMULATOR SN SD 3139 — EXP. DATE 07/30/2015
- ☑ 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 ☛ .100 | TEST 2 ☛ .100 | TEST 3 ☛ .100 |
|---|---|---|

- ☑ 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 | 1 | 1 | 2 | 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).**

## INSPECTING OFFICER

| SIGNATURE | PRINT FULL NAME |
|---|---|
| ▸ Vincent Collins | Vincent Collins |
| **TYPE II PERMIT NUMBER/EXPIRATION DATE** | **TELEPHONE NUMBER** |
| 230091 05/28/2015 | (417) 272-3400 |

**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


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

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

# DATAMASTER MAINTENANCE REPORT

REPORT #6

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☑ INDICATOR LIGHTS

☑ SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 14030 EXP. DATE 01/20/2016

☑ SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD 3139 EXP. DATE 07/30/2015

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