



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

RECEIVED REPORT 6
 By Carol Day at 8:14 am, Dec 31, 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 SN 201274	NAME OF AGENCY Eldon Police Department	DATE OF INSPECTION 12/17/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 111 S Oak, Eldon Mo 65026		TIME OF INSPECTION 11:40 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.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) 12/17/2014 11:40am
<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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER Guth LOT # 13280 EXP. DATE 10/16/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD2999 EXP. DATE 12/16/2015

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 .103	TEST 2 .101	TEST 3 .101
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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).

INSPECTING OFFICER	
SIGNATURE <i>Brian Kidwell</i>	PRINT FULL NAME Brian Kidwell
TYPE II PERMIT NUMBER/EXPIRATION DATE 230304 12/11/2015	TELEPHONE NUMBER (573) 280-0555

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

**CERTIFIED ALCOHOL REFERENCE
SOLUTION FOR SIMULATOR**

<u>13280</u>	<u>10/16/13</u>	<u>10/16/15</u>
LOT NO.	MFG. DATE	EXP. DATE

<u>275 Gal.</u>	<u>500 ML</u>	
LOT VOL.	BOT. VOL.	BOT. NO.

When this reference solution is used with a breath simulator certified by Guth Laboratories, a properly operating instrument will read 0.10

For additional information contact:

Guth Laboratories, Inc.

590 North 67th Street, Harrisburg, PA 17111

Toll Free 800-233-2338

Rev. 4/02





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

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**PERMIT
 TYPE II**

BRIAN D KIDWELL

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 12/11/2013

NUMBER 230304

EXPIRES 12/11/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
ELDON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201274
12/17/14

TESTING OFFICER:
KIDWELL, BRIAN/D
OFFICER I.D.: 896
PERMIT NUMBER: 230304
EXPIRATION DATE: 12/11/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	11:45
INTERNAL STANDARD	VERIFIED	11:45
EXTERNAL STANDARD	.103	11:46
BLANK TEST	.000	11:47
EXTERNAL STANDARD	.101	11:48
BLANK TEST	.000	11:48
EXTERNAL STANDARD	.101	11:49
BLANK TEST	.000	11:49

n = 8
sta. = .1
avg. = .1016

SIGNATURE

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901 PHONE 1-800-800-8143 (NPAS)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
ELDON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201274
12/17/14

TESTING OFFICER:
KIDWELL, BRIAN/D
OFFICER I.D.: 896
PERMIT NUMBER: 230304
EXPIRATION DATE: 12/11/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

n = 8
sta. = .1
avg. = .1016

OPERATOR SIGNATURE

Card Stock No.
60020

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901 PHONE 1-800-800-8143 (NPAS)