



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

REPORT #8

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<br>203029  | NAME OF AGENCY<br>Maryland Heights PD | DATE OF INSPECTION<br>03/21/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>11911 Dorsett Rd., Maryland Heights MO 63043 |                                       | TIME OF INSPECTION               |

**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 type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)   | DATE AND TIME (from printout) _____      |
| <input type="checkbox"/> COMPUTER   | <input type="checkbox"/> DETECTOR        |
| <input type="checkbox"/> PROGRAM  | <input type="checkbox"/> FILTERS         |
| <input type="checkbox"/> HEATERS SAMPLE CHAMBER _____ °C  | <input type="checkbox"/> QUARTZ STANDARD |
| <input type="checkbox"/> FLOW DETECTOR  | <input type="checkbox"/> CALIBRATION     |
| <input type="checkbox"/> PUMP HIGH SPEED  | <input type="checkbox"/> PRINTER         |
| <input type="checkbox"/> INDICATOR LIGHTS   |  |
| <input type="checkbox"/> SIMULATOR SOLUTION SUPPLIER _____ LOT # _____ EXP. DATE _____  |  |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ °C SIMULATOR SN _____ EXP. DATE _____  |  |
| <input type="checkbox"/> 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 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 | TEST 2 | TEST 3 |
|--------|--------|--------|

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 |
|----------|---------|-----------|-----------|-----------|----------|

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).  
INSTRUMENT IS OUT OF SERVICE

**INSPECTING OFFICER**

|  |                                    |
|--|------------------------------------|
| SIGNATURE<br>  | PRINT FULL NAME<br>JAMES SCHNURR   |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>220095 04/12/2014 | TELEPHONE NUMBER<br>(314) 298-8700 |

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