



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

**RECEIVED**  
 By Carol Day at 11:20 am, Sep 25, 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 <u>203050</u>	NAME OF AGENCY <u>Bonne Terre Police</u>	DATE OF INSPECTION <u>09-21-14</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>118 N. Allen Street</u>		TIME OF INSPECTION <u>1240 hrs.</u>

**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) <u>09-21-14 / 1240 hrs.</u>
<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 <u>49</u> °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 <u>Cuth</u> LOT # <u>13100</u> EXP. DATE <u>04-29-2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C SIMULATOR SN. <u>094948</u> EXP. DATE <u>7-30-15</u>

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 <u>.099</u>	TEST 2 <u>.100</u>	TEST 3 <u>.100</u>
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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 <input type="checkbox"/>	(0-.04) <input type="checkbox"/>	(.05-.09) <input type="checkbox"/>	(.10-.14) <input type="checkbox"/>	(.15-.19) <input type="checkbox"/>	OVER .19 <input type="checkbox"/>
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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).

Instrument within standards

<b>INSPECTING OFFICER</b>	
SIGNATURE <u>[Signature]</u>	PRINT FULL NAME <u>Chief D.S. Calvert #301</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>220295 / 9-21-14</u>	TELEPHONE NUMBER <u>573-431-3131</u>

RETURN COMPLETED REPORT TO THE:  
 Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
 2875 James Blvd.  
 Poplar Bluff, MO 63801

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI

BAC DATAMASTER SERIAL NUMBER: 200050

09/21/14

TESTING OFFICER:  
GAL. VENTURA  
OFFICER 1331 301  
PERMIT NUMBER: 220235  
EXPIRATION DATE: 09/21/14  
MISCELLANEOUS DATA:  
TEST  
TEST

--- SUPERVISOR MODE ---

BLANK TEST	.000	13:05
INTERNAL STANDARD	.000	13:06
EXTERNAL STANDARD	.000	13:07
BLANK TEST	.000	13:08
EXTERNAL STANDARD	.000	13:09
BLANK TEST	.000	13:10
EXTERNAL STANDARD	.000	13:11
BLANK TEST	.000	13:12

N = 3  
Stk. = .1  
RWD. = .0556

OPERATOR SIGNATURE

*[Handwritten Signature]*  
301

