



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

**RECEIVED**  
 By Carol Day at 12:21 pm, Apr 07, 2014  
 REPORT #6

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 204118	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 04/04/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Troop G		TIME OF INSPECTION 12:08 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.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) <u>04/04/2014 12:08</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>Repc Marketing Co</u> LOT # <u>13280</u> EXP. DATE <u>10/16/2015</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ <u>34.1</u> °C SIMULATOR SN _____ <u>G11115</u> EXP. DATE <u>01/09/2015</u>	
<input checked="" 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 checked="" 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  0.096	TEST 2  0.097	TEST 3  0.097
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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)	1	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 	PRINT FULL NAME Daniel W. Hinten
TYPE II PERMIT NUMBER/EXPIRATION DATE 220312 09/28/2014	TELEPHONE NUMBER (417) 469-3121

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

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204118  
04/04/14

ARREST TIME: 11:11  
SUBJECT NAME:  
SELF

DOB: 11/11/11 SEX: M  
STATE/D.L.: MO/  
ARRESTING OFFICER:  
HINTEN/D/W

OFFICER I.D.: 778  
TESTING OFFICER:  
SRME

OFFICER I.D.:  
PERMIT NUMBER: 220312  
EXPIRATION DATE: 09/28/14  
MISCELLANEOUS DTR: --- BREATH ANALYSIS ---

BLANK TEST .000 12:21  
INTERNAL STANDARD VERIFIED 12:22  
RADIO INTERFERENCE

Operator Signature



# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204118  
04/04/14

TESTING OFFICER:  
HINTEN  
OFFICER I.D.: 778  
PERMIT NUMBER: 220312  
EXPIRATION DATE: 09/28/14  
MISCELLANEOUS DTR: --- SUPERVISOR MODE ---

BLANK TEST .000 12:16  
INTERNAL STANDARD VERIFIED 12:16  
EXTERNAL STANDARD .096 12:17  
BLANK TEST .000 12:17  
EXTERNAL STANDARD .097 12:18  
BLANK TEST .000 12:18  
EXTERNAL STANDARD .097 12:19  
BLANK TEST .000 12:19

N = 3  
SIM. = .1  
AVG. = .0966

Operator Signature



# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204118  
04/04/14  
12:08

--- 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:;<=>?@ABCDEF  
GHIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefg|hijklmno  
pqr'stuvwxyz{|}~\*+,-./0123456789:;<=>?@

Operator Signature

