



STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
**DATAMASTER MAINTENANCE REPORT**

received 7/17/14 <sup>REPORT #0</sup> 4-CD

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.

**REVIEWED**  
By Carol Day at 1:38 pm, Jul 28, 2014

DATAMASTER SN 204129	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 07/07/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 891 Technology Dr., Weldon Spring, MO - Troop C "Road Room"	TIME OF INSPECTION 9:19 am
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**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>07/07/2014 9:19</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>50</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>RepCo Marketing</u>	LOT # <u>13290</u> EXP. DATE <u>10/29/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C	SIMULATOR SN <u>G11095</u> EXP. DATE <u>05/16/2015</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 <input checked="" type="checkbox"/> .101%	TEST 2 <input checked="" type="checkbox"/> .101%	TEST 3 <input checked="" type="checkbox"/> .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)	1	(.10-.14)	1	(.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 LIMIT (USE OTHER SIDE IF NECESSARY).

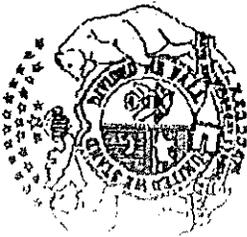
This unit meets all Department of Health rules and regulations.

Bottle #426 Inventory #127255

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME J.T. Hedrick
TYPE II PERMIT NUMBER/EXPIRATION DATE 240055 03/07/2016	TELEPHONE NUMBER (636) 300-2800

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





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

2

PERMIT  
 TYPE II

JAMES THEDRICK

I hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and re and operate the following breath analyzer(s):

DATAMASTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of se 77.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 3/7/2014

NUMBER 240055

EXPIRES 3/7/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
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