



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

RECEIVED
 By Carol Day at 1:29 pm, Jul 08, 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 204145	NAME OF AGENCY MSHP	DATE OF INSPECTION 06/27/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Nodaway County Sheriff's Office, Maryville, Missouri		TIME OF INSPECTION 6:36 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>05/31/2014 10:21 a.m.</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>Guth Laboratories, Inc</u> LOT # <u>13280</u> EXP. DATE <u>10/16/2015</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.01</u> °C SIMULATOR SN <u>G8006</u> EXP. DATE <u>11/18/2014</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 ← .095	TEST 2 ← .097	TEST 3 ← .100
---------------	---------------	---------------

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	2
----------	---	----------	---	-----------	---	-----------	---	-----------	---	----------	---

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).

MEETS DOH Specs. Bot. #30

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME D. R. Reuter
TYPE II PERMIT NUMBER/EXPIRATION DATE 240106 03/11/2016	TELEPHONE NUMBER (816) 387-2345

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



FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster

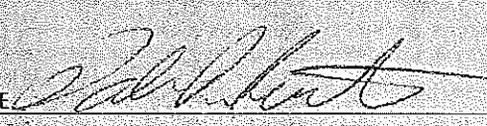
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204145
06/27/14

ARREST TIME: 18:00
SUBJECT NAME:
RADIO
DOB: 01/20/69 SEX: M
STATE/D.L.: MO/123456789
ARRESTING OFFICER:
REUTER/DALE/R
OFFICER I.D.: 622
TESTING OFFICER:
REUTER/DALE/R
OFFICER I.D.: 622
PERMIT NUMBER: 240106
EXPIRATION DATE: 03/11/16
MISCELLANEOUS DATA:
RFI
RFI

--- BREATH ANALYSIS ---

BLANK TEST	.000	18:42
INTERNAL STANDARD	VERIFIED	18:42
RADIO INTERFERENCE		

OPERATOR SIGNATURE 

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

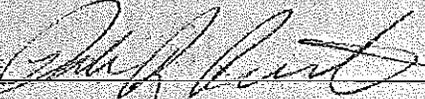
MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204145
06/27/14

TESTING OFFICER:
REUTER/DALE/R
OFFICER I.D.: 622
PERMIT NUMBER: 240106
EXPIRATION DATE: 03/11/16
MISCELLANEOUS DATA:
JUNE TEST

--- SUPERVISOR MODE ---

BLANK TEST	.000	18:44
INTERNAL STANDARD	VERIFIED	18:44
EXTERNAL STANDARD	.095	18:45
BLANK TEST	.000	18:46
EXTERNAL STANDARD	.097	18:46
BLANK TEST	.000	18:47
EXTERNAL STANDARD	.100	18:47
BLANK TEST	.000	18:48

N = 3
S.D. = .1
AVG. = .0973

OPERATOR SIGNATURE 

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204145
06/27/14
18:36

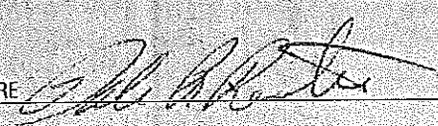
--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	50c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefg hijklmnop
qrstuvwxyz{|}~*+,-./0123456789:;<=>?@

OPERATOR SIGNATURE



Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901



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

2

**PERMIT
 TYPE II**

DALE R REUTER

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 04/02/2013
 NUMBER 230058
 EXPIRES 04/02/2015

W. S. ...
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
Dale Veeberly
 Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
 LAB-4 (R6-10)