



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

RECEIVED
 By Carol Day at 11:53 am, Oct 15, 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 10/01/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Nodaway County Sheriff's Office, Maryville, Missouri		TIME OF INSPECTION 6:30 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>08/30/2013, 13:29</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>RepCo Marketing Inc.</u> LOT # <u>13280</u> EXP. DATE <u>08/29/2014</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>11/02/2013</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"/> .100	TEST 2 <input checked="" type="checkbox"/> 101	TEST 3 <input checked="" type="checkbox"/> 102
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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-.04) 0	(.05-.09) 0	(.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 LIMITS (USE OTHER SIDE IF NECESSARY).

MEETS DOH Specs. Bot. #135

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

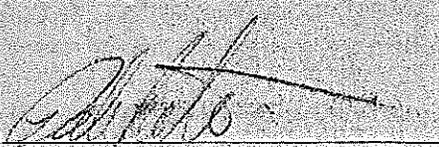
MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204145
10/01/14

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

--- SUPERVISOR MODE ---

BLANK TEST	.000	18:41
INTERNAL STANDARD	VERIFIED	18:41
EXTERNAL STANDARD	.100	18:41
BLANK TEST	.000	18:42
EXTERNAL STANDARD	.101	18:42
BLANK TEST	.000	18:43
EXTERNAL STANDARD	.102	18:43
BLANK TEST	.000	18:44

N = 3
SIM. = .1
AVG. = .101

Operator Signature 

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204145
10/01/14
18:20

--- 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:;<=>?@ABCDEFGHI
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnop
qrstuvwxyz{|}~

Operator Signature



- Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204145
10/01/14

ARREST TIME: 17:00
SUBJECT NAME:
RADIO
DOB: 01/02/69 SEX: M
STATE/D.L.: MO/1234567890
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	18:36
INTERNAL STANDARD	VERIFIED	18:36
RADIO INTERFERENCE		

Operator Signature





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

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**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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dale Vesterberg
Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 586-0771 (6-10)

LAB-4 (R6-10)