



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

RECEIVED REPORT #6
 By Carol Day at 12:01 pm, Nov 06, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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 10/30/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) Nodaway County Sheriff's Office, Maryville, Missouri | | TIME OF INSPECTION 9:07 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 °C</u> | <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 |

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER RepCo Marketing Inc. LOT # 13280 EXP. DATE 08/29/2014

SIMULATOR TEMP (34°C ± 0.2°C) 34.01 °C SIMULATOR SN G8006 EXP. DATE 11/02/2013

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>.100</u> | TEST 2 <u>100</u> | TEST 3 <u>.101</u> |
|--------------------|-------------------|--------------------|

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) 0 | (.15-.19) 0 | OVER .19 0 |
|----------|-----------|-------------|-------------|-------------|------------|

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. #26

| | |
|--|------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE <i>D. R. Reuter</i> | 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 204143
10/30/14

TESTING OFFICER:
REUTER/DALE/R

OFFICER I.D.: 622
PERMIT NUMBER: 240106
EXPIRATION DATE: 03/11/16
MISCELLANEOUS DATA:
OCT. TEST

--- SUPERVISOR MODE ---

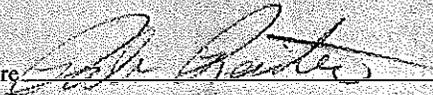
| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 21:26 |
| INTERNAL STANDARD | VERIFIED | 21:26 |
| EXTERNAL STANDARD | .100 | 21:27 |
| BLANK TEST | .000 | 21:27 |
| EXTERNAL STANDARD | .100 | 21:28 |
| BLANK TEST | .000 | 21:28 |
| EXTERNAL STANDARD | .101 | 21:29 |
| BLANK TEST | .000 | 21:29 |

N = 3

SIM. = .1

AVG. = .1003

Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204195
10/30/14
21107

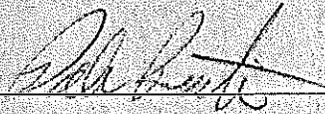
--- DIAGNOSTIC CHECK ---

| | |
|-----------------------|------|
| 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:;<=>?@ABCDEFB
HIJKLNNOPQRS TUWVWXYZ\]^_`abcdefg h i jklmno
pqrstuvwxyz{|}~

Operator Signature



Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

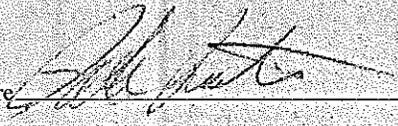
MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204145
10/30/14

ARREST TIME: 20:00
SUBJECT NAME:
BLOW/JOE
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 | 21:20 |
| INTERNAL STANDARD | VERIFIED | 21:20 |
| RADIO INTERFERENCE | | |

Operator Signature





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. A. ...

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dale Veeberly
Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)