



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

**RECEIVED**  
 By Brian Lutmer at 4:29 pm, Jan 11, 2015

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 204145	NAME OF AGENCY MSHP	DATE OF INSPECTION 12/30/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Nodaway County Sheriff's Office, Maryville, Missouri		TIME OF INSPECTION 7:38 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>12/30/2014, 1938</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

<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>10/16/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.01</u> °C SIMULATOR SN <u>G8005</u> EXP. DATE <u>07/14/2015</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 $\odot$ .098	TEST 2 $\odot$ .099	TEST 3 $\odot$ .099
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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) 0	(.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. Lo #13280, Bot. #23

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME D. R. Reuter
TYPE # PERMIT NUMBER/EXPIRATION DATE 240103 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

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 20414  
12/30/14

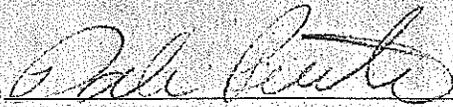
TESTING OFFICER:  
REUTER/DALE/R  
OFFICER I.D.# 622  
PERMIT NUMBER: 240106  
EXPIRATION DATE: 03/13/16  
MISCELLANEOUS DATA:  
DEC TEST

--- SUPERVISOR MODE ---

BLANK TEST	.000	19:52
INTERNAL STANDARD	VERIFIED	19:52
EXTERNAL STANDARD	.098	19:52
BLANK TEST	.000	19:53
EXTERNAL STANDARD	.099	19:53
BLANK TEST	.000	19:54
EXTERNAL STANDARD	.099	19:54
BLANK TEST	.000	19:55

N = 3  
SIM. = .1  
AVG. = .0986

Operator Signature



Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204145  
12/30/14  
19145

### 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

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

```

Operator Signature



Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

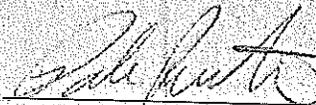
MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204145  
12/30/14

ARREST TIME: 19:00  
SUBJECT NAME:  
RADIO/JOHN/M  
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: P40106  
EXPIRATION DATE: 03/11/16  
MISCELLANEOUS DATA:  
RFI

--- BREATH ANALYSIS ---

BLANK TEST	.000	19:49
INTERNAL STANDARD	VERIFIED	19:49
RADIO INTERFERENCE		

Operator Signature



**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>	<u>        </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 67<sup>th</sup> Street, Harrisburg, PA 17111

Toll Free 800-233-2338

Rev. 4/02





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



**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

*W. S. ...*  
*Dale V. ...*

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)