



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

**RECEIVED**  
 By Carol Day at 8:52 am, Nov 07, 2014

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 204171	NAME OF AGENCY MSHP	DATE OF INSPECTION 10/30/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Worth County Sheriff's Office, Grant City, Missouri		TIME OF INSPECTION 5:50 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>08/31/2014, 10:25</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 _____ 49°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>

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"/> .097	TEST 2 <input checked="" type="checkbox"/> .098	TEST 3 <input checked="" type="checkbox"/> .098
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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)	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. Bot. 26

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 67<sup>th</sup> 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 ~~204171~~  
10/30/14

ARREST TIME: 17:00  
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 ---

RADIO INTERFERENCE

Operator Signature



Face This Side Down - This Edge In First

**BAC DataMaster**  
**Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204171

10/30/14

17:50

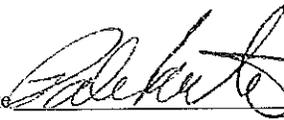
--- DIAGNOSTIC CHECK ---

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:;<=>?@ABCDEFGH  
IJKLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnop  
ghijklmnopqrstuvwxyz{|}~

Operator Signature



Face This Side Down - This Edge In First

**BAC DataMaster**  
**Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204171  
10/30/14

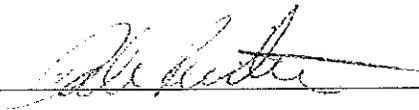
TESTING OFFICER:  
REUTER/DALE/R  
OFFICER I.D.: 622  
PERMIT NUMBER: 24166  
EXPIRATION DATE: 03/31/15  
MISCELLANEOUS DATA:  
OCT. TEST

--- SUPERVISOR MODE ---

BLANK TEST	.000	17:59
INTERNAL STANDARD	VERIFIED	18:00
EXTERNAL STANDARD	.097	18:00
BLANK TEST	.000	18:01
EXTERNAL STANDARD	.098	18:01
BLANK TEST	.000	18:02
EXTERNAL STANDARD	.098	18:02
BLANK TEST	.000	18:03

N = 3  
STDEV. = .1  
AVG. = .0976

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 Veeberly*  
Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 590-0771 (6-10)