



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

**RECEIVED**  
 By Carol Day at 4:12 pm, May 19, 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 204179	NAME OF AGENCY Missour State Highway Patrol	DATE OF INSPECTION 05/07/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 300 E. Water St., Mount Vernon		TIME OF INSPECTION 9:09 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>05/07/2014 @ 21:09</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>RepCo Marketing Inc.</u> LOT # <u>13001</u> EXP. DATE <u>03/07/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>33.9</u> °C SIMULATOR SN <u>G6830</u> EXP. DATE <u>11/19/2014</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  0.097	TEST 2  0.098	TEST 3  0.098
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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	4	(0-.04)	0	(.05-.09)	1	(.10-.14)	0	(.15-.19)	1	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).

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME Cpl. S. C. Jones
TYPE II PERMIT NUMBER/EXPIRATION DATE 240058 03/07/2016	TELEPHONE NUMBER (417) 895-6868

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





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

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**PERMIT**  
**TYPE II**  
**STEVEN C JONES**

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, INTOX DMT**

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 3/7/2014

NUMBER 240058

EXPIRES 3/7/2016

MO 580-0771 (6-10)

  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (16-10)

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

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*



Operator JONES, STEVEN  
 Permit No 240058  
 Date Issued 3/7/2014 Date Expires 3/7/2016

**BAC DataMaster  
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204179  
05/07/14

TESTING OFFICER:  
JONES/S/C  
OFFICER I.D.: 500  
PERMIT NUMBER: 240058  
EXPIRATION DATE: 03/07/16  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	21:19
INTERNAL STANDARD	VERIFIED	21:19
EXTERNAL STANDARD	.097	21:20
BLANK TEST	.000	21:21
EXTERNAL STANDARD	.098	21:21
BLANK TEST	.000	21:22
EXTERNAL STANDARD	.098	21:22
BLANK TEST	.000	21:23

N = 3  
SIM. = .1  
AVG. = .0976

Operator Signature  500

**BAC DataMaster  
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204179  
05/07/14  
21:09

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS

SAMPLE CHAMBER: 50c

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

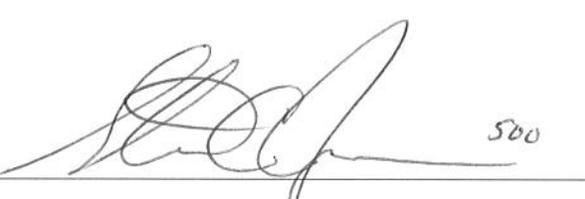
FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

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

Operator Signature  500

Face This Side Down - This Edge In First

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

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204179  
05/07/14

ARREST TIME: 01:12  
SUBJECT NAME:  
RFI/TEST  
DOB: 01/22/23      SEX: M  
STATE/D.L.: MO/U484YR83  
ARRESTING OFFICER:  
JONES/S/C  
OFFICER I.D.: 500  
TESTING OFFICER:  
JONES/S/C  
OFFICER I.D.: 500  
PERMIT NUMBER: 240058  
EXPIRATION DATE: 03/07/16  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	21:26
INTERNAL STANDARD	VERIFIED	21:26
RADIO INTERFERENCE		

Operator Signature \_\_\_\_\_



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