



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

RECEIVED REPORT # 6
 By Carol Day at 10:54 am, May 28, 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 940093 | NAME OF AGENCY AVA POLICE DEPARTMENT | DATE OF INSPECTION 05/27/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 504 NW 12TH AVENUE AVA, MO. 65608 (AVA POLICE DEPT.) | | TIME OF INSPECTION 7:38 am |

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) 05/27/2014 07:38 |
| <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 48 °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 |

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER GUTH LABORATORIES INC. LOT # 13010 EXP. DATE 01/09/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN SD1617 EXP. DATE 03/17/2015

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 * 0.100 | TEST 2 * 0.099 | TEST 3 * 0.100 |
|----------------|----------------|----------------|

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) | 10 | (.05-.09) | 0 | (.10-.14) | 1 | (.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).

THIS INSTRUMENT IS OPERATING WITHIN DOH STANDARDS

| | |
|--|-------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE <i>LT. Trent Murray</i> | PRINT FULL NAME LT. TRENT MURRAY |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 230236 10/17/2015 | TELEPHONE NUMBER (417) 683-2931 |

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

Place This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
AWA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 940893
05/27/14
07:38

--- DIAGNOSTIC CHECK ---

| | |
|-----------------------|------|
| COMPUTER: | OKAY |
| PROGRAM (04-07-2009): | OKAY |
| HEATERS | |
| SAMPLE CHAMBER: | 48c |
| FLOW DETECTOR: | OKAY |
| PUMP | |
| HIGH SPEED: | OKAY |
| DETECTOR: | OKAY |
| FILTERS: | OKAY |
| QUARTZ STANDARD: | OKAY |
| CALIBRATION: | OKAY |

PRINTER TEST

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

Operator Signature

L. Brent Murray

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
AVA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 940093
05/27/14

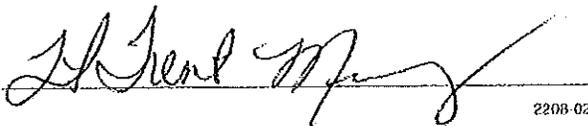
TESTING OFFICER:
MURRAY
OFFICER I.D.: 486
PERMIT NUMBER: 230236
EXPIRATION DATE: 10/17/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 07:45 |
| INTERNAL STANDARD | VERIFIED | 07:45 |
| EXTERNAL STANDARD | .100 | 07:46 |
| BLANK TEST | .000 | 07:46 |
| EXTERNAL STANDARD | .099 | 07:47 |
| BLANK TEST | .000 | 07:48 |
| EXTERNAL STANDARD | .100 | 07:48 |
| BLANK TEST | .000 | 07:49 |

N = 3
SIM. = .1
AVG. = .0996

Operator Signature



2200-02

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
AVA POLICE DEPARTMENT

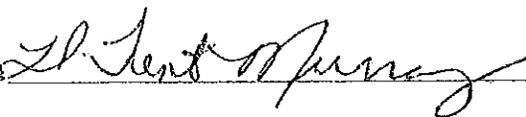
BAC DATAMASTER SERIAL NUMBER 940093
05/27/14

ARREST TIME: 07:00
SUBJECT NAME:
MURRAY
DOB: 04/22/78 SEX: M
STATE/D.L.: MO/1234567890
ARRESTING OFFICER:
MURRAY
OFFICER I.D.: 486
TESTING OFFICER:
MURRAY
OFFICER I.D.: 486
PERMIT NUMBER: 230236
EXPIRATION DATE: 10/17/15
MISCELLANEOUS DATA:
RFI TEST

--- BREATH ANALYSIS ---

| | | |
|--------------------|----------|-------|
| BLANK TEST | .000 | 07:42 |
| INTERNAL STANDARD | VERIFIED | 07:42 |
| RADIO INTERFERENCE | | |

Operator Signature





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



PERMIT
TYPE II

NORMAN T MURRAY

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 10/17/2013

NUMBER 230236

EXPIRES 10/17/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R0-10)

 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 MURRAY, NORMAN
Permit No 230236
Date Issued 10/17/2013 Date Expires 10/17/2015



Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations:
19CSR 25-30.051 (4).

Checked: 03/17/2014 Expires: 03/17/2015
 Digital Therm. SN:094948 Temp:34.00
 MSC Tech:RW
 Agency: AVA Police Dept.



SD1617



Technician Printed Name: ROBERT WELSH

Technician Signature: *Robert Welsh*

Date: 3/17/2014

Contact: Missouri Safety Center

Breath Alcohol Instrument Training Program

660-543-4834