



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

RECEIVED 9/14/14-CD
REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 3 months). 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.

REVIEWED
 By Carol Day at 12:49 pm, Sep 22, 2014

DATAMASTER SN <u>940096</u>	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 09/06/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Bat Van U.S. 160 at Route V		TIME OF INSPECTION <u>0142</u>

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>09/07/14 01:42</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</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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER RepCo Marketing Inc. LOT # 13290 EXP. DATE 10/29/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34.2 °C SIMULATOR SN G11046 EXP. DATE 03/14/2015

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 • <u>100 %</u>	TEST 2 • <u>109 %</u>	TEST 3 • <u>109 %</u>
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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)	(.05-.09)	(.10-.14)	(.15-.19)	OVER .19 /
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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).

Alcohol Vapor Concentration .100% Bottle #926 Lot #13290 RepCo Marketing Inc.

INSPECTING OFFICER	
SIGNATURE <u>Michael W. Lee</u>	PRINT FULL NAME Michael W. Lee
TYPE II PERMIT NUMBER/EXPIRATION DATE 240060 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

BAC DataMaster Evidence Ticket

ATTORNEY GENERAL'S OFFICE

100 WATER STREET, SUITE 1000
BOSTON, MA 02109

STATE OF MASSACHUSETTS
DEPARTMENT OF CORRECTIONS

ATTORNEY GENERAL'S OFFICE
100 WATER STREET, SUITE 1000

BOSTON, MA 02109
TELEPHONE: 617-725-1000

STATE OF MASSACHUSETTS

DESCRIPTION	QUANTITY	UNIT
1000	1000	1000
1000	1000	1000
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1000	1000	1000
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1000	1000	1000

Operator Signature

M. W. LEE