



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

RECEIVED

By Carol Day at 2:00 pm, Jun 08, 2015

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 65 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 201200	NAME OF AGENCY Marshfield Police Department	DATE OF INSPECTION 06/03/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 325 S. Crittenden Marshfield, MO 65706		TIME OF INSPECTION 0:49 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) 06/03/2015 @ 00:49
<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 Guth Labs Inc. LOT # 14220 EXP. DATE 09/24/2016
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD3320 EXP. DATE 08/26/2015

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 → .097	TEST 2 → .098	TEST 3 → .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	(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).

INSPECTING OFFICER	
SIGNATURE Jeffrey Ford	PRINT FULL NAME Jeffrey Ford
TYPE # PERMIT NUMBER/EXPIRATION DATE 240325 08/19/2016	TELEPHONE NUMBER (417) 859-5325

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

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201200
06/03/15

TESTING OFFICER:
FORD/JEFFREY
OFFICER I.D.: 744
PERMIT NUMBER: 240325
EXPIRATION DATE: 08/19/16
MISCELLANEOUS DATA:

--- SUPERVISOR NODE ---

BLANK TEST	.000	01:01
INTERNAL STANDARD	VERIFIED	01:01
EXTERNAL STANDARD	.097	01:01
BLANK TEST	.000	01:02
EXTERNAL STANDARD	.098	01:02
BLANK TEST	.000	01:03
EXTERNAL STANDARD	.099	01:03
BLANK TEST	.000	01:04

N = 3
SIM. = .1
AVG. = .098

Operator Signature *Jeffrey Ford 744*

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201200
06/03/15

ARREST TIME: 00:15
SUBJECT NAME:
RFI/TEST
DOB: 01/01/01 SEX: F
STATE/D.L.: MO/RFI TEST
ARRESTING OFFICER:
FORD/JEFFREY
OFFICER I.D.: 744
TESTING OFFICER:
FORD/JEFFREY
OFFICER I.D.: 744
PERMIT NUMBER: 240325
EXPIRATION DATE: 08/19/16
MISCELLANEOUS DATA:
RFI TEST
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	01:07
INTERNAL STANDARD	VERIFIED	01:07
RADIO INTERFERENCE		

Operator Signature *Jeffrey Ford 744*

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201200
05/03/15
00:49

--- 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:;<=>?@ABCDEFGHIJK
LMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopqrstu
vwxyz{|}~*

Operator Signature *Sally Good 714*



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



PERMIT
TYPE II
JEFFREY FORD

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 8/19/2014

NUMBER 240325

EXPIRES 8/19/2016

MO 680-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



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 FORD, JEFFREY
 Permit No 240325
 Date Issued 8/19/2014 Date Expires 8/19/2016