



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

DATAMASTER MAINTENANCE REPORT

RECEIVED REPORT #6
By Carol Day at 9:31 am, Apr 29, 2015

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 950424	NAME OF AGENCY Slater Police Department	DATE OF INSPECTION 04/16/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 117 N. Walnut St. Slater, Missouri 65349		TIME OF INSPECTION 9:04 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) <u>04/16/2015 at 9:04 am</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>14200</u> EXP. DATE <u>08/05/2016</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C SIMULATOR SN <u>094948</u> EXP. DATE <u>11/05/2015</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"/> .098	TEST 2 <input checked="" type="checkbox"/> .099	TEST 3 <input checked="" type="checkbox"/> .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).

This Datamaster Instrument is operating within the requirements set by the Missouri Department of Health and Senior Services.

INSPECTING OFFICER	
SIGNATURE <i>Joseph E. Valiquette</i>	PRINT FULL NAME Joseph E. Valiquette
TYPE II PERMIT NUMBER/EXPIRATION DATE 230248 10/24/2015	TELEPHONE NUMBER (660) 529-2241

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



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:
19 CSR 25-30.051 (4).

Checked: 11/05/2014 Expires: 11/05/2015
Digital Therm. SN:094948
MSC Tech:DRL Temp:33.99
Agency: Slater Police Dept
SD 3318



Technician Printed Name: DAN LUCAS

Technician Signature: [Signature]

Date: 11/05/2014

Contact: Missouri Safety Center
Breath-Alcohol Instrument Training Program
660-543-4834



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

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PERMIT
TYPE II

JOSEPH E VALIQUETTE

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 section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 10/24/2013

NUMBER 230248

EXPIRES 10/24/2015

MO 560-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-1936-10)

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 VALIQUETTE, JOSEPH
Permit No 230248
Date Issued 10/24/2013 Date Expires 10/24/2015

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
SLATER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950424
04/16/15

TESTING OFFICER:
VALIQUETTE/JOSEPH/E
OFFICER I.D.# 242
PERMIT NUMBER: 230248
EXPIRATION DATE: 10/24/15
MISCELLANEOUS DATA:
N/A
N/A

--- SUPERVISOR MODE ---

BLANK TEST	.000	09:08
INTERNAL STANDARD	VERIFIED	09:08
EXTERNAL STANDARD	.098	09:09
BLANK TEST	.000	09:09
EXTERNAL STANDARD	.099	09:10
BLANK TEST	.000	09:10
EXTERNAL STANDARD	.099	09:11
BLANK TEST	.000	09:12

N = 3
SIM. = .1
AVG. = .0986

Operator Signature
Stock No.

Joseph E. Valiquette #242

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
SLATER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950424
04/16/15
09:04

--- 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:;<=?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefg hijklmno
pqrstuvwxyz{|}~

Operator Signature

Joseph E. Valiquette #242

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
SLATER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950424
04/16/15

ARREST TIME: 09:00
SUBJECT NAME:
VALIQUETTE/JOSEPH/E
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/1234567890
ARRESTING OFFICER:
VALIQUETTE/JOSEPH/E
OFFICER I.D.: 242
TESTING OFFICER:
VALIQUETTE/JOSEPH/E
OFFICER I.D.: 242
PERMIT NUMBER: 230248
EXPIRATION DATE: 10/24/15
MISCELLANEOUS DATA:
RFI TEST
N/A

--- BREATH ANALYSIS ---

BLANK TEST	.000	09:18
INTERNAL STANDARD	VERIFIED	09:18
RADIO INTERFERENCE		

OPERATOR SIGNATURE Joseph E. Usliquette #242

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901