



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

RECEIVED
 By Brian Lutmer at 4:26 pm, Jan 11, 2015

REPORT #6

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 990218	NAME OF AGENCY Fayette Police Dept.	DATE OF INSPECTION 01/06/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 100 N. Mulberry, Fayette Mo 65248		TIME OF INSPECTION 11:04 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) 01/06/2015 11:04
<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 Repco Marketing Inc.	LOT # 13001 EXP. DATE 03/07/2015
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34 °C	SIMULATOR SN SD1115 EXP. DATE 01/14/2015
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 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	1
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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).

Instrument operating with in Dept. of Health regulations.

INSPECTING OFFICER	
SIGNATURE <i>Greg T. Lanham</i>	PRINT FULL NAME Greg T. Lanham
TYPE II PERMIT NUMBER/EXPIRATION DATE 230010 01/21/2015	TELEPHONE NUMBER (660) 248-2241

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

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

1. Name of the person whose name is on the label: _____
2. Name of the person who is giving the evidence: _____
3. Name of the person who is receiving the evidence: _____
4. Name of the person who is taking the evidence: _____
5. Name of the person who is returning the evidence: _____
6. Name of the person who is receiving the evidence: _____
7. Name of the person who is taking the evidence: _____
8. Name of the person who is returning the evidence: _____
9. Name of the person who is receiving the evidence: _____
10. Name of the person who is taking the evidence: _____
11. Name of the person who is returning the evidence: _____
12. Name of the person who is receiving the evidence: _____
13. Name of the person who is taking the evidence: _____
14. Name of the person who is returning the evidence: _____
15. Name of the person who is receiving the evidence: _____
16. Name of the person who is taking the evidence: _____
17. Name of the person who is returning the evidence: _____
18. Name of the person who is receiving the evidence: _____
19. Name of the person who is taking the evidence: _____
20. Name of the person who is returning the evidence: _____

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20. Name of the person who is returning the evidence: _____

Operator Signature Greg T Lenham #2