



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

RECEIVED

REPORT #6

By Carol Day at 8:26 am, Jan 11, 2016

Complete this report at the time of the regular monthly preventive maintenance. Complete this report whenever the instrument is serviced or repaired and Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN 201222	NAME OF AGENCY Dixon Police Department	DATE OF INSPECTION 01/10/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 303 S Elm Dixon, MO 65459		TIME OF INSPECTION 9:19 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) 01/10/2016 19:39
<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 Laboratories Inc	LOT # 15120 EXP. DATE 04/29/2017
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34 °C	SIMULATOR SN SD2279 EXP. DATE 12/01/2016

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 ← .102	TEST 2 ← .101	TEST 3 ← .101
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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) 3	(.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 <i>John P Meir</i> 303	PRINT FULL NAME John P Meir
TYPE # PERMIT NUMBER/EXPIRATION DATE 250303 12/22/2017	TELEPHONE NUMBER (573) 586-0101

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 201222
11/12/16

TESTING OFFICER:
MEIR/John
OFFICER ID#: 1904
PERMIT NUMBER: 256.020
EXPIRATION DATE: 12/22/17
MISCELLANEOUS NOTES:

--- SUPERVISOR MADE ---

BLANK TEST	.000	10143
INTERNAL STANDARD	VERIFIED	10143
EXTERNAL STANDARD	.102	10140
BLANK TEST	.000	10143
EXTERNAL STANDARD	.101	10144
BLANK TEST	.000	10144
EXTERNAL STANDARD	.101	10145
BLANK TEST	.000	10145

N = 3
STDEV = .1
AVG. = .1013

tor Signature

2208-02

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201222
11/12/16
19139

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
MODEM (144-27-2000):	OKAY
RETRANS:	
SAMPLE CHAMBER:	4.2L
FLOW DETECTOR:	OKAY
PUMP:	
RTDN (3F88):	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PERFORM TEST

!#%&'()*+,-./:;<=>@ABCDEFGHI
JKLMNOPQRSTUVWXYZ_`abcedefghijklm
nopqrstuvwxyz{|}~

Operator Signature

2208-02

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MASSACHUSETTS
BAC DATA MASTER SERIAL NUMBER 201222
01/19/16

ARREST TIME: 19:38
SUBJECT NAME:
RFI/TEST

DOB: 01/18/16 SEX: M
STATE/D.L.: MO/12345

ARRESTING OFFICER:
MEIR/JOHN

OFFICER I.D.: 388
TESTING OFFICER:

MEIR/JOHN

OFFICER I.D.: 388

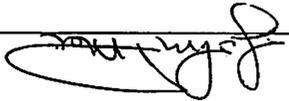
PERMIT NUMBER: 24839

EXPIRATION DATE: 10/22/17

MISCELLANEOUS DATA:

--- BREATH (MM/YY)S ---

BLANK VEST * 000
INTERNAL SIMULATOR
RADIO INTERFERENCE

Operator Signature 



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

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PERMIT
TYPE II
JOHN P MEIR

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 EC/IR II, ALCO-SENSOR IV W/PRINTER

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 12/22/2015

NUMBER 250303

EXPIRES 12/22/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 MEIR, JOHN
 Permit No 250303
 Date Issued 12/22/2015 Date Expires 12/22/2017



Missouri Department of Health and Senior Services
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466
 Gail Vasterling
 Director



Jeremiah W. (Jay) Nixon
 Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Agency: DIXON PD
 Serial Number: SD2279
 Manufacturer: Guth
 Model Number: 10-4D

CALIBRATION RESULTS

<u>Reference</u>	<u>Simulator</u>
<u>Temperature</u>	<u>Temperature</u>
33.98	34.0

This calibration was performed with
 NIST-Traceable Thermometer SN: 358440

This simulator was tested by: RWW

This testing was performed: 12/11/2015

This certification expires: 12/11/2016

Signature of certifying DHSS
 Scientist: 

Name of certifying DHSS Scientist: Ellen Strawsine

MISSOURI SAFETY CENTER SIMULATOR CHECK WORKSHEET



Date:	12/11/15	Time:	1100	Date Last Checked:	12/3/14
Simulator Model:	[] 2100 [X] 10-4D [] 12V500		Agency:	DIXON PD	
Thermometer serial #:	358440		Simulator Serial #:	SD 2279	
Thermometer certification date:	09/08/15		Email address:	MEJR MEJR.JOHN@GMAIL.COM	
Thermometer expiration date:	09/08/16		Agency property #:	[X] none	
1 st check time:	1140		Thermometer reading	Simulator reading	
2 nd check time:	1142		33.98	39.0	
3 rd check time:	1144		33.97	34.0	
4 th check time:	1146		33.99	34.0	
5 th check time:	1148		33.98	34.0	
Average readings:			33.98	34.0	
Bias calculation:			- .02	TECHNICIAN INITIALS: RWW	

This form meets or exceeds the requirements of the Missouri Department of Health breath alcohol program.

- Check "o" rings on quick-disconnects and replace as needed.
- Check simulator "o" ring and replace as needed.

Check jar for breaks/cracks and replace as needed.

COMMENTS:



This simulator is operating within DICE breath alcohol specifications (11ccsa 75-91.01).

SIMULATOR SERIAL NO.: SD2279
 EXPIRATION DATE: 12/01/12016
 DATE OF CALIBRATION CHECK: 12/11/2015
 NEXT REF. THEM. SERIAL NO.: 028640
 AVERAGE SIM. TEMP: 32.98 C
 ANALYST INITIALS: RWW