



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

By Carol Day at 8:09 am, Feb 09, 2016
RECEIVED

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 201222	NAME OF AGENCY Dixon Police Department	DATE OF INSPECTION 02/06/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 303 S Elm Dixon, MO 65459		TIME OF INSPECTION 7:26 pm

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>01/10/2016 19:39</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
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth Laboratories Inc</u>	LOT # <u>15120</u> EXP. DATE <u>04/29/2017</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ <u>34</u> °C	SIMULATOR SN _____ <u>SD2279</u> EXP. DATE <u>12/01/2016</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 ➡ <u>.102</u>	TEST 2 ➡ <u>.102</u>	TEST 3 ➡ <u>.102</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	(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  303	PRINT FULL NAME John P Meir
TYPE II 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
02/06/16

TESTING OFFICER:

MEIR/JOHN

OFFICER I.D.# 303

PERMIT NUMBER: 250363

EXPIRATION DATE: 12/22/17

MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	19:22
INTERNAL STANDARD	VERIFIED	19:22
EXTERNAL STANDARD	.102	19:25
BLANK TEST	.000	19:23
EXTERNAL STANDARD	.102	19:24
BLANK TEST	.000	19:25
EXTERNAL STANDARD	.102	19:25
BLANK TEST	.000	19:26

N = 3

STDEV. = .1

AVG. = .182

Signature

303

2208-02

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201222
02/06/16
2016

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (C:\B7-2000): OKAY

KEFTERS
SAMPLE CARTRIDGE: 49L

FLOW DETECTOR: OKAY

PUMP
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

11@\$\$%&'()*+,-./:0123456789!;@#(=)~BACDIEFG
HIJKLMNOPQRS TUvwXYZ[\]^_`abcd+ghijklmnop
qrs tuvwxyz()@#

Operator Signature

303

2208-02

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF CALIFORNIA
BAC DATA MASTER SERIAL NUMBER CROSS
08/00/10

ARREST TIME: 1912Z

SUBJECT NAME:

PEI/TEST

DOB: 02/00/78

STATE/DIST: MO/12345

ARRESTING OFFICER:

MEIR/JOHAN

OFFICER I.D. #:

TESTING OFFICER:

MEIR/JOHAN

OFFICER I.D. #:

PERMIT NUMBER: 000000

EXPIRATION DATE: 12/31/10

MISCELLANEOUS INFO:

--- ANALYSIS ---

BLANK TEST

0000

1911Z
1911Z

INTERNAL NUMBER

00001000

PHOTO INTERFERENCES

Operator Signature

John Meir

303

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



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

MO 580-0771 (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 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 Temperature</u>	<u>Simulator 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: 12/12/14	
Simulator Model:	[] 2100 [X] 10-4D [] 12V500	Agency: MISSOURI	DIXON PD
Thermometer serial #:	358440	Simulator Serial #:	SD 2279
Thermometer certification date:	09/08/15	Email address:	MEIR MEIR.JOHN@GMAIL.COM
Thermometer expiration date:	09/08/16	Agency property #:	
1 st check time:	1140	Thermometer reading	34.0
2 nd check time:	1142	Simulator reading	34.0
3 rd check time:	1144		34.0
4 th check time:	1146		34.0
5 th check time:	1148		34.0
Average readings:			33.98
Bias calculation:			-0.02
This form meets or exceeds the requirements of the Missouri Department of Health breath alcohol program.			TECHNICIAN INITIALS: <i>RWV</i>

- 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.



SIMULATOR SERIAL NO.: SD2279
 EXPIRATION DATE: 12/03/12015
 DATE OF CALIBRATION CHECK: 12/11/2015
 NIST REF. THEM. SERIAL NO.: 035840
 AVERAGE SIM. TEMP: 33.98 C
 ANALYST INITIALS: RWV

COMMENTS:
