



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

RECEIVED REPORT # 5
 By Carol Day at 4:04 pm, Jan 15, 2014

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 200208	NAME OF AGENCY ELLISVILLE P.D.	DATE OF INSPECTION 01/11/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 37 WEIS AVE.		TIME OF INSPECTION 9:40 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) 01/11/2014 09:40
<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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER GUTH LABS LOT # 13010 EXP. DATE 01/09/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD3138 EXP. DATE 11/14/2014

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 .101	TEST 2 .102	TEST 3 .103
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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	3	(0-.04)	0	(.05-.09)	0	(.10-.14)	3	(.15-.19)	2	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).

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME COREY L SMITH
TYPE II PERMIT NUMBER/EXPIRATION DATE 230275 11/26/2015	TELEPHONE NUMBER (636) 227-7777

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
ELLIOTTSVILLE POLICE DEPARTMENT

ABC DATA MASTER SERIAL NUMBER 2006000
04/11/14

--- OPERATOR'S NAME ---

COMPUTER: 0000

OFFICER: 0000

VEHICLE: 400

PLATE: 0000

MAKE: 0000

MODEL: 0000

YEAR: 0000

TYPE: 0000

TEST: 0000

RESULT: 0000

PRINTED TEST

MISSOURI COMMERCE BANK (0000) (0000) (0000) (0000) (0000)
ELLIOTTSVILLE POLICE DEPARTMENT (0000) (0000) (0000) (0000) (0000)
POLICE DEPARTMENT

Operator Signature

P.A.C. 219

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
ELLIOTTSVILLE POLICE DEPARTMENT

ABC DATA MASTER SERIAL NUMBER 2006000
04/11/14

--- OPERATOR'S NAME ---

COMPUTER: 0000

OFFICER: 0000

VEHICLE: 0000

PLATE: 0000

MAKE: 0000

MODEL: 0000

YEAR: 0000

TYPE: 0000

TEST: 0000

RESULT: 0000

PRINTED TEST

MISSOURI COMMERCE BANK (0000) (0000) (0000) (0000) (0000)
ELLIOTTSVILLE POLICE DEPARTMENT (0000) (0000) (0000) (0000) (0000)
POLICE DEPARTMENT

Operator Signature

P.A.C. 219

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
SELLSVILLE POLICE DEPARTMENT

MIC ARRESTED: SERING NUMBER: 200604
01001274

ARREST TIME: 05:30

SUBJECT NAME:

TEST #:

DOB: 01/10/60 SEX: M

STATE #, COUNTY #, LICENSE #:

ARRESTING OFFICER:

OFFICER #:

TESTING OFFICER:

LABORATORY:

OFFICER #:

PERMIT NUMBER: 230275

EXPIRES ON: 09/01/10 10:00:00

RECEIVED BY:

OFFICER #:

TEST #:

LABORATORY: MISSOURI

LABORATORY:

LABORATORY:

LABORATORY:

05:30

05:30

Operator Signature

P.O. C. S. D. 219



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **13010** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **January 14, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1218%** (w/vol) ethyl alcohol. The expiration date for this lot number is **January 9, 2015** at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L +/- 3%**.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



COREY L SMITH

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 10/10/2012

Number 220354

Expires 10/10/2014

Director of State Public Health Laboratory

Director, Department of Health