



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

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days).
 Complete this report whenever the instrument is serviced or repaired and whenever it is placed in service.
 Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

RECEIVED
 By Carol Day at 8:38 am, Dec 10, 2014

DATAMASTER SN 201147	NAME OF AGENCY Hermann Police Department	DATE OF INSPECTION 12/04/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 1902 Jefferson Street; Hermann	TIME OF INSPECTION 8:40 am
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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) 12/04/14 08:43
<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 48 °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 Laboratories** LOT # **14200** EXP. DATE **08/05/2016**

SIMULATOR TEMP (34°C ± 0.2°C) **34.0** °C SIMULATOR SN **SD2250** EXP. DATE **09/04/2015**

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 .098	TEST 2 .099	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	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>B. McGowan</i>	PRINT FULL NAME Brian J. McGowan
TYPE II PERMIT NUMBER/EXPIRATION DATE 240322 08/12/2016	TELEPHONE NUMBER (573) 486-2211

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**



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



PERMIT
TYPE II
BRIAN J MCGOWAN

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

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 8/12/2014

NUMBER 240322

EXPIRES 8/12/2016

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 MCGOWAN, BRIAN
 Permit No 240322
 Date Issued 8/12/2014 Date Expires 8/12/2016



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 **14200** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **August 6, 2014**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1213%** (w/vol) ethyl alcohol. The expiration date for this lot number is **August 5, 2016** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 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 FNI22211-02 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.

BAC DataMaster Evidence Ticket

HERMANN PD
BAC DATAMASTER SERIAL NUMBER 201147
12/04/14

TESTING OFFICER:

MCgowan/B
OFFICER I.D.: 509
PERMIT NUMBER: 240322
EXPIRATION DATE: 08/12/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	08:50
INTERNAL STANDARD	VERIFIED	08:50
EXTERNAL STANDARD	.098	08:51
BLANK TEST	.000	08:51
EXTERNAL STANDARD	.099	08:52
BLANK TEST	.000	08:52
EXTERNAL STANDARD	.099	08:53
BLANK TEST	.000	08:53

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

Operator Signature

B. M. P. 509

BAC DataMaster Evidence Ticket

HERMANN PD
BAC DATAMASTER SERIAL NUMBER 201147
12/04/14
08:43

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS
SAMPLE CHAMBER: 48c

FLOW DETECTOR: OKAY

PUMP
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

! " # \$ % & ' () * + , - . / 0 1 2 3 4 5 6 7 8 9 ; < = > ? @ A B C D E F G
H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` a b c d e f g h i j k l m n o
p q r s t u v w x y z { | } ~

Operator Signature

B. M. P. 509

**BAC DataMaster
Evidence Ticket**

HERMANN PD
BAC DATAMASTER SERIAL NUMBER 201147
12/04/14

ARREST TIME: 08:00
SUBJECT NAME:
BLANK/TEST
DOB: 01/01/75 SEX: M
STATE/D.L.: MO/123456
ARRESTING OFFICER:
N/A
OFFICER I.D.: 1
TESTING OFFICER:
MCGOWAN/B
OFFICER I.D.: 509
PERMIT NUMBER: 240322
EXPIRATION DATE: 08/12/16
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 08:58
INTERNAL STANDARD VERIFIED 08:58
SUBJECT SAMPLE .000 08:59
BLANK TEST .000 08:59

Operator Signature

B. McGowan

**BAC DataMaster
Evidence Ticket**

HERMANN PD
BAC DATAMASTER SERIAL NUMBER 201147
12/04/14

ARREST TIME: 08:00
SUBJECT NAME:
RFI/TEST
DOB: 01/01/75 SEX: M
STATE/D.L.: MO/123456
ARRESTING OFFICER:
N/A
OFFICER I.D.: 1
TESTING OFFICER:
MCGOWAN/B
OFFICER I.D.: 509
PERMIT NUMBER: 240322
EXPIRATION DATE: 08/12/16
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 08:56
INTERNAL STANDARD VERIFIED 08:56
RADIO INTERFERENCE

Operator Signature

B. McGowan