



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

RECEIVED
 By Carol Day at 3:54 pm, May 05, 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 201171	NAME OF AGENCY Crestwood Police Department	DATE OF INSPECTION 05/03/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 1 Detjen Drive Crestwood		TIME OF INSPECTION 8:57 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) <u>05/03/2014 0857 am</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 _____ 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
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth Laboratories, Inc.</u> LOT # <u>13210</u> EXP. DATE <u>07/29/2015</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C SIMULATOR SN <u>DR5309</u> EXP. DATE <u>04/03/2015</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 ← 0.103	TEST 2 ← 0.102	TEST 3 ← 0.102
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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).

Operating Properly

INSPECTING OFFICER	
SIGNATURE ▶ <i>Kent Meier</i>	PRINT FULL NAME Kent Meier
TYPE II PERMIT NUMBER/EXPIRATION DATE 210102/01-03-2015	TELEPHONE NUMBER (314) 729-4800

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
CRESTWOOD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201171
05/03/14

TESTING OFFICER:
MEYER/KENT
OFFICER I.D.# 0254
PERMIT NUMBER: 210102
EXPIRATION DATE: 01/03/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	10:12
INTERNAL STANDARD	VERIFIED	10:12
EXTERNAL STANDARD	.100	10:12
BLANK TEST	.000	10:13
EXTERNAL STANDARD	.100	10:13
BLANK TEST	.000	10:14
EXTERNAL STANDARD	.100	10:14
BLANK TEST	.000	10:15

N = 3
SIM. = .1
AVG. = .1023

Operator Signature

Sgt K. Meyer 0254

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
CRESTWOOD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201171
05/03/14

ARREST TIME: 10:00
SUBJECT NAME:
TEST: RTI
DOB: 01/01/87 SEX: M
STATE/D.L.: MO/129456
ARRESTING OFFICER:
MEYER/KENT
OFFICER I.D.# 0254
TESTING OFFICER:
MEYER/KENT
OFFICER I.D.# 0254
PERMIT NUMBER: 210102
EXPIRATION DATE: 01/03/15
MISCELLANEOUS DATA:
BLANK TEST
TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	10:51
INTERNAL STANDARD	VERIFIED	10:51
SUBJECT SAMPLE	.000	10:52
BLANK TEST	.000	10:52

Operator Signature

Sgt K. Meyer 0254



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

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**PERMIT
 TYPE II**

KENT MEIER

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

DATA MASTER

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 01/03/2013


 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210102

EXPIRES 01/03/2015


 Acting Director
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



GUTH LABORATORIES, INC.

888 NORTH 6TH STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-634-6570

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13210 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is July 29, 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.