



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

RECEIVED
 By Carol Day at 11:02 am, Jul 14, 2014

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 201171	NAME OF AGENCY Crestwood Police Department	DATE OF INSPECTION 07/13/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 1 Detjen Drive Crestwood		TIME OF INSPECTION 5:36 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) 07/13/2014 0536 pm
<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 Guth Laboratories, Inc. _____ LOT # 14110 _____ EXP. DATE 05/01/2016 _____
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ 34 _____ °C SIMULATOR SN _____ DR5309 _____ EXP. DATE 04/03/2015 _____

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 ➡ 0.100	TEST 2 ➡ 0.100	TEST 3 ➡ 0.100
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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 Sgt K. Meier	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

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
CRESTWOOD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 281171
07/13/14
17:35

TESTING OFFICER:
MEYER, KENT
OFFICER C.D.# 0254
PERMIT NUMBER: 219282
EXPIRATION DATE: 01/23/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	17:47
INTERNAL STANDARD	VERIFIED,	17:47
EXTERNAL STANDARD	.100	17:48
BLANK TEST	.000	17:48
EXTERNAL STANDARD	.100	17:49
BLANK TEST	.000	17:49
EXTERNAL STANDARD	.100	17:50
BLANK TEST	.000	17:50

N = 3
StM. = .1
Rva. = .1

Operator Signature Sgt K. Meyer 0254

2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
CRESTWOOD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 281171
07/13/14
17:35

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (084-07-2005):	OKAY
HEATERS	
SAMPLE CHANGER:	OKAY
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!@#%&'()*+,-./:0123456789;=<>?@ABCDEF
HIJKLMNOPQRSTUVWXYZ[\]^_`abcde+ghijklmnop
pqrs+uvwxyz{|}~

Operator Signature Sgt K. Meyer 0254

2208-02

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
CRESTWOOD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 801171
07/13/14

ARREST TIME: 17:45
SUBJECT NAME:
TEST
DOB: 01/01/01 SEX: M
STATE-B.L.# MO/182456
ARRESTING OFFICER:
MEIER-KENT
OFFICER I.D.# 0854
TESTING OFFICER:
MEIER-KENT
OFFICER I.D.# 0854
PERMIT NUMBER: 218182
EXPIRATION DATE: 01/03/15
MISCELLANEOUS DATA:
BLANK

--- BREACH ANALYSIS ---

BLANK TEST	.000	10:20
INTERNAL STANDARD	VERIFIED	10:28
SUBJECT SAMPLE	.000	10:29
BLANK TEST	.000	10:29

Operator Signature Sgt K. Mays

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
CRESTWOOD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 801171
07/13/14

ARREST TIME: 17:45
SUBJECT NAME:
TEST
DOB: 01/01/01 SEX: M
STATE-B.L.# MO/182456
ARRESTING OFFICER:
MEIER-KENT
OFFICER I.D.# 0854
TESTING OFFICER:
MEIER-KENT
OFFICER I.D.# 0854
PERMIT NUMBER: 218182
EXPIRATION DATE: 01/03/15
MISCELLANEOUS DATA:
RFI

--- BREACH ANALYSIS ---

BLANK TEST	.000	10:20
INTERNAL STANDARD	VERIFIED	10:28
RADIO INTERFERENCE		

Operator Signature Sgt K. Mays



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



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):

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 01/03/2013
 NUMBER 210102
 EXPIRES 01/03/2015

W. W. S.
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
Paul Vesterly
 Acting Director



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 14110 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on May 5, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1206% (w/vol) ethyl alcohol. The expiration date for this lot number is May 1, 2016 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.