



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

RECEIVED
 By Carol Day at 10:01 am, Oct 28, 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 10/19/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 1 Detjen Drive Crestwood		TIME OF INSPECTION 7:46 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>10/19/2014 7:46 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>14110</u> EXP. DATE <u>05/01/2016</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 0.097	TEST 2 0.099	TEST 3 0.099
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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)	1	(.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 	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 (0117)
1413414

ARREST TIME: 07:40
SUBJECT NAME:
TEST/BLANK
DOB: 01/01/47
STATE: MO
ARRESTING OFFICER:
OFFICER I.D.# 0254
TESTING OFFICER:
OFFICER I.D.# 0254
PERMIT NUMBER: 218100
EXPIRATION DATE: 01/01/05
MISCELLANEOUS DATA:
BLANK TEST

--- BREATH SAMPLES ---

BLANK TEST	.000	08:00
INTERNAL STANDARD	VERIFIED	08:00
SUBJECT SAMPLE	.000	08:01
BLANK TEST	.000	08:01

Operator Signature Sgt K. Mosey

**BAC DataMaster
Evidence Ticket**

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CRESTWOOD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER (0117)
1413414

ARREST TIME: 07:40
SUBJECT NAME:
TEST/BLANK
DOB: 01/01/47
STATE: MO
ARRESTING OFFICER:
OFFICER I.D.# 0254
TESTING OFFICER:
OFFICER I.D.# 0254
PERMIT NUMBER: 218100
EXPIRATION DATE: 01/01/05
MISCELLANEOUS DATA:
BLANK TEST

--- BREATH SAMPLES ---

Operator Signature Sgt K. Mosey

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
CRESTWOOD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER (W1171)
10413-14

TESTING UNIT (W1171)
NET WEIGHT
OFFICE (A-18-1454)
PERMIT NUMBER: 818490
EXPIRATION DATE: 01-01-15
MISCELLANEOUS INFO:

--- CURRENT LOG ---

BLANK TEST	.000	07:48
INTERNAL STANDARD	.00125	07:48
EXTERNAL STANDARD	.001	07:48
BLANK TEST	.000	07:49
EXTERNAL STANDARD	.001	07:49
BLANK TEST	.000	07:50
EXTERNAL STANDARD	.001	07:50
BLANK TEST	.000	07:51

N = 5
S.D. = .1
AVG. = .0003

Operator Signature Sgt K. [Signature] 254

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
CRESTWOOD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER (W1171)
10413-14
07:54

--- DIAGNOSTIC CHECK ---

- COMPUTER: OKAY
- PROGRAM (04-07-2009): OKAY
- HEATER: OKAY
- SAMPLE CHAMBER: OKAY
- FLOW DETECTOR: OKAY
- PUMP: OKAY
- HIGH SPEED: OKAY
- DETECTOR: OKAY
- ALTERS: OKAY
- QUARTZ STANDARD: OKAY
- CALIBRATION: OKAY

PRINTER TEST:

!@#%&'()*+,-./0123456789:;<=^_`{|}~
ABCDEFGHIJKLMN O PQRSTU VWXYZ [\] ^ _ ` abcde fghijklmno
pqrstuvwxyz{|}~

Operator Signature Sgt K. [Signature] 254



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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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 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 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
Earl Vesterly
Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LAB-4 (R6-10)