



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

RECEIVED
 By Carol Day at 10:06 am, Nov 20, 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 11/20/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 1 Detjen Drive Crestwood		TIME OF INSPECTION 7:45 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>11/20/2014 7:45 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 _____ <u>48</u> °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 ➡ 0.099	TEST 2 ➡ 0.099	TEST 3 ➡ 0.100
----------------	----------------	----------------

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
----------	---	---------	---	-----------	---	-----------	---	-----------	---	----------	---

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>Sgt K. 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



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.

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
CRESTWOOD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 291171
11/20/14

TESTING OFFICER:
MEIER/KENT
OFFICER I.D.# 8254
PERMIT NUMBER: 240398
EXPIRATION DATE: 11/13/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	08:16
INTERNAL STANDARD	VERIFIED	08:16
EXTERNAL STANDARD	.099	08:17
BLANK TEST	.000	08:17
EXTERNAL STANDARD	.099	08:18
BLANK TEST	.000	08:18
EXTERNAL STANDARD	.099	08:19
BLANK TEST	.000	08:19

AVG = 0
S.D. = .1
R.V.S. = .0093

Operator Signature

Sgt M 254

2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
CRESTWOOD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 291171
11/20/14

ARREST TIME: 07145
SUBJECT NAME:
TEST/BLANK
DOB: 01-01-91 SEX: M
STATE-ILL.# 004123456
ARRESTING OFFICER:
MEIER/KENT
OFFICER I.D.# 8254
TESTING OFFICER:
MEIER/KENT
OFFICER I.D.# 8254
PERMIT NUMBER: 240398
EXPIRATION DATE: 11/13/16
MISCELLANEOUS DATA:
ALCOHOL

Blank Test	.000	08:20
INTERNAL STANDARD	VERIFIED	08:25
SUBJECT SAMPLE	.100	08:25
BLANK TEST	.000	08:26

Operator Signature

Sgt M 254

2208-01

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

CRESTWOOD

ATM/MAST

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
CRESTWOOD POLICE DEPARTMENT

OFFICE IDENTIFICATION SERIAL NUMBER (2017)
11-26-14

COMPUTERS: OKAY

PROGRAM (VIA) OKAY

WEATERS: OKAY

SAMPLE CHAMBERS: 48c

FLOW DETECTOR: OKAY

PUMP: OKAY

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!@#\$%^&*()123456789:;<=>|'`~"BCDEFG
HIJKL MNOPQRST UVWXYZ [\] ^ _ ` abcde+ghijklmno
pqrstuvwxyz{|}~"

Operator Signature

Sgt M 254

2208-02

Operator Signature

Sgt M

2208-0:



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

2

PERMIT
TYPE II
KENT R 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, INTOX EC/IR II

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 11/13/2014

NUMBER 240398

EXPIRES 11/13/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 MEIER, KENT
Permit No 240398
Date Issued 11/13/2014 Date Expires 11/13/2016