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

DATAMASTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 3:48 pm, Aug 12, 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	NAME OF AGENCY	DATE OF INSPECTION
201185	KIMBERLING CITY POLICE DEPARTMENT	08/03/2014

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
34 KIMBERLING BLVD, KIMBERLING CITY	2:39 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.

☑ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) — DATE AND TIME (from printout) 08/03/2014 14:39

☑ COMPUTER	☑ DETECTOR
☑ PROGRAM	☑ FILTERS
☑ HEATERS SAMPLE CHAMBER 49 °C	☑ QUARTZ STANDARD
☑ FLOW DETECTOR	☑ CALIBRATION
☑ PUMP HIGH SPEED	☑ PRINTER

☑ INDICATOR LIGHTS

☑ SIMULATOR SOLUTION SUPPLIER GUTH LABORATORIES LOT # 14030 EXP. DATE 01/20/2016

☑ SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD2753 EXP. DATE 12/02/2014

☑ 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	TEST 2	TEST 3
.099	.100	.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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	OVER .19
3	0	1	2	1	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).

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME
903	AARON PAUL HOEFT
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
220422 12/27/2014	(417) 739-2131

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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

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 **14030** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **January 22, 2014**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1215%** (w/vol) ethyl alcohol. The expiration date for this lot number is **January 20, 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.

Face The Side Down - The Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
KIMBERLING CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201185
08/03/14

ARREST TIME: 12:12
SUBJECT NAME:
TEST/RFI/TEST
DOB: 12/21/21 SEX: M
STATE/D.L.: MO/123456
ARRESTING OFFICER:
HOEFT/AARON/PAUL
OFFICER I.D.: 903
TESTING OFFICER:
HOEFT/AARON/PAUL
OFFICER I.D.: 903
PERMIT NUMBER: 220422
EXPIRATION DATE: 12/27/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	15:35
INTERNAL STANDARD	VERIFIED	15:35
RADIO INTERFERENCE		

Signature 903

2208-02

Face The Side Down - The Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
KIMBERLING CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201185
08/03/14

ARREST TIME: 12:12
SUBJECT NAME:
TEST/BLANK/TEST
DOB: 12/21/21 SEX: M
STATE/D.L.: MO/123456
ARRESTING OFFICER:
HOEFT/AARON/PAUL
OFFICER I.D.: 903
TESTING OFFICER:
HOEFT/AARON/PAUL
OFFICER I.D.: 903
PERMIT NUMBER: 220422
EXPIRATION DATE: 12/27/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	15:38
INTERNAL STANDARD	VERIFIED	15:38
SUBJECT SAMPLE	.000	15:39
BLANK TEST	.000	15:40

Operator Signature 903

2208-02

Face This Side Down — Fold Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
KIMBERLING CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201185
09/03/14
14:39

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS SAMPLE CHAMBER:	49c
LOW DETECTOR:	OKAY
PUMP HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST
!"#$%&'()*+,-./0123456789:;<=>?@ABCDEFG
IJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmno
pqrstuvwxyz{|}~

Signature 903

2208-02

Face This Side Down — Fold Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
KIMBERLING CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201185
08/03/14

TESTING OFFICER:
HOEFT/AARON/PAUL
OFFICER I.D.: 903
PERMIT NUMBER: 220422
EXPIRATION DATE: 12/27/14
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	15:26
INTERNAL STANDARD	VERIFIED	15:26
EXTERNAL STANDARD	.099	15:27
BLANK TEST	.000	15:27
EXTERNAL STANDARD	.100	15:28
BLANK TEST	.000	15:28
EXTERNAL STANDARD	.100	15:29
BLANK TEST	.000	15:29

N = 3
SIM. = .1
AVG. = .0996

Operator Signature 903

2208-02

State of Missouri
DEPARTMENT OF HEALTH

PERMIT
TYPE II

AARON P HOEFT

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

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 12/27/2012

Number 220422

Expires 12/27/2014

Director of State Public Health Laboratory

ACTING DIRECTOR

Director, Department of Health

MO 580-0771 (7-88)

Lab. 4 (R7-88)