



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

RECEIVED
 By Carol Day at 12:03 pm, Oct 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 201185	NAME OF AGENCY KIMBERLING CITY POLICE DEPARTMENT	DATE OF INSPECTION 10/08/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 34 KIMBERLING BLVD, KIMBERLING CITY		TIME OF INSPECTION 12:44 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) <u>10/08/2014 12:44</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>49</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</u>	LOT # <u>14200</u> EXP. DATE <u>08/05/2016</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C	SIMULATOR SN <u>SD2753</u> EXP. DATE <u>10/06/2015</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 .099	TEST 2 .099	TEST 3 .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	2	(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).

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME AARON PAUL HOEFT
TYPE II PERMIT NUMBER/EXPIRATION DATE 220422 12/27/2014	TELEPHONE NUMBER (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

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
KIMBERLING CITY POLICE DEPARTMENT

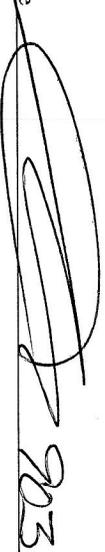
BAC DATAMASTER SERIAL NUMBER 201185
10/08/14

ARREST TIME: 09:00
SUBJECT NAME:
TEST/RFI/TEST
DOB: 12/21/21 SEX: M
STATE/D.L.: MO/1234567
ARRESTING OFFICER:
HOEFT/ARRON/PAUL
OFFICER I.D.: 903
TESTING OFFICER:
HOEFT/ARRON/PAUL
OFFICER I.D.: 903
PERMIT NUMBER: 220422
EXPIRATION DATE: 12/27/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

for Signature



2208-02

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
KIMBERLING CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201185
10/08/14

ARREST TIME: 09:00
SUBJECT NAME:
TEST/BLANK/TEST
DOB: 12/21/21 SEX: M
STATE/D.L.: MO/1234567
ARRESTING OFFICER:
HOEFT/ARRON/PAUL
OFFICER I.D.: 903
TESTING OFFICER:
HOEFT/ARRON/PAUL
OFFICER I.D.: 903
PERMIT NUMBER: 220422
EXPIRATION DATE: 12/27/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	13:01
INTERNAL STANDARD	VERIFIED	13:01
SUBJECT SAMPLE	.000	13:02
BLANK TEST	.000	13:03

Operator Signature



2208-02

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
KIMBERLING CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201185
10/08/14
12:44

--- DIAGNOSTIC CHECK ---

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

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopq
rstuvwxyz{|}~

Operator Signature  903
2208-02

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
KIMBERLING CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201185
10/08/14

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

--- SUPERVISOR MODE ---

BLANK TEST	.000	12:47
INTERNAL STANDARD	VERIFIED	12:47
EXTERNAL STANDARD	.099	12:47
BLANK TEST	.000	12:48
EXTERNAL STANDARD	.099	12:48
BLANK TEST	.000	12:49
EXTERNAL STANDARD	.100	12:49
BLANK TEST	.000	12:50

N = 3
SIM. = .1
AVG. = .0993

Operator Signature  903
2208-02

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
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



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 **14200** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **August 6, 2014**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1213%** (w/vol) ethyl alcohol. The expiration date for this lot number is **August 5, 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 FNI22211-02 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.



Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations: 19 CSR 25-30.051 (4).

Checked: 10/06/2014 Expires: 10/06/2015
MSC Tech: DRL
Temp: 33.99 Digital Therm. SN: 093752
Agency: Kimberling City Police Dept.



Technician Printed Name: DAW LUCAS

Technician Signature: *[Handwritten Signature]*

Date: 10/6/14

Contact: Missouri Safety Center
Breath-Alcohol Instrument Training Program
660-543-4834