



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

received 1/24/14-cd
 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.

REVIEWED
 By Carol Day at 10:24 am, Feb 03, 2014

DATAMASTER SN 201216	NAME OF AGENCY Riverside Police Department	DATE OF INSPECTION 01/13/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 2990 NW Vivion Road Riverside, MO 64150 (Booking HQ)		TIME OF INSPECTION 7:00 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) 01/13/2014 @ 0720
<input checked="" type="checkbox"/> COMPUTER <i>OKAY</i>	<input checked="" type="checkbox"/> DETECTOR <i>OKAY</i>
<input checked="" type="checkbox"/> PROGRAM <i>OKAY</i>	<input checked="" type="checkbox"/> FILTERS <i>OKAY</i>
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER _____ 48 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD <i>OKAY</i>
<input checked="" type="checkbox"/> FLOW DETECTOR <i>OKAY</i>	<input checked="" type="checkbox"/> CALIBRATION <i>OKAY</i>
<input checked="" type="checkbox"/> PUMP HIGH SPEED <i>OKAY</i>	<input checked="" type="checkbox"/> PRINTER <i>OKAY</i>

INDICATOR LIGHTS *OKAY*

SIMULATOR SOLUTION SUPPLIER Guth Laboratories, Inc. LOT # 13280 EXP. DATE 10/16/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN DR5371 EXP. DATE 12/11/2014

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 <i>OKAY</i> 1.00	TEST 2 <i>OKAY</i> 1.00	TEST 3 <i>OKAY</i> 1.00
-------------------------	-------------------------	-------------------------

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

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).

None.
 Instrument is functioning / operating within all established limits and guidelines.

INSPECTING OFFICER

SIGNATURE <i>Dean Noll</i>	PRINT FULL NAME Sgt. Dean Noll
TYPE II PERMIT NUMBER/EXPIRATION DATE 220429 12/27/2014	TELEPHONE NUMBER (816) 741-1191

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.

690 NORTH 87th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-564-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13280 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 18, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1217%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 16, 2015** 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



P E R M I T
TYPE II



DEAN W NOLL

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 220429

Expires 12/27/2014

Director of State Public Health Laboratory

ACTING DIRECTOR

Director, Department of Health

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI
RIVERSIDE DEPT OF PUBLIC SAFETY

BAC DATAMASTER SERIAL NUMBER 201216
01/13/14

TESTING OFFICER:
NOLL/DEAN/W
OFFICER I.D.: 40
PERMIT NUMBER: 220429
EXPIRATION DATE: 12/27/14
MISCELLANEOUS DATA:
MAINTENANCE JAN 2014

--- SUPERVISOR MODE ---

BLANK TEST	.000	07:22
INTERNAL STANDARD	VERIFIED	07:22
EXTERNAL STANDARD	.100	07:23
BLANK TEST	.000	07:23
EXTERNAL STANDARD	.100	07:24
BLANK TEST	.000	07:24
EXTERNAL STANDARD	.100	07:25
BLANK TEST	.000	07:25

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

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI
RIVERSIDE DEPT OF PUBLIC SAFETY

BAC DATAMASTER SERIAL NUMBER 201216
01/13/14
07:20

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	48c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

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

OPERATOR SIGNATURE *Dean Noll*

Card Stock No. 60021
REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

OPERATOR SIGNATURE *Dean Noll*

Card Stock No. 60021
REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
RIVERSIDE DEPT OF PUBLIC SAFETY

BAC DATAMASTER SERIAL NUMBER 201216
01/13/14

ARREST TIME: 07:00
SUBJECT NAME:
BLANK/TEST
DOB: 01/01/80 SEX: M
STATE/D.L.: MO/1234567890
ARRESTING OFFICER:
NOLL/DEAN/W
OFFICER I.D.: 40
TESTING OFFICER:
NOLL/DEAN/W
OFFICER I.D.: 40
PERMIT NUMBER: 220429
EXPIRATION DATE: 12/27/14
MISCELLANEOUS DATA:
BLANK TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	07:00
INTERNAL STANDARD	VERIFIED	07:00
SUBJECT SAMPLE	.000	07:00
BLANK TEST	.000	07:00

OPERATOR SIGNATURE



Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
RIVERSIDE DEPT OF PUBLIC SAFETY

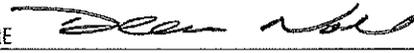
BAC DATAMASTER SERIAL NUMBER 201216
01/13/14

ARREST TIME: 07:00
SUBJECT NAME:
RFI/CHECK
DOB: 01/01/80 SEX: M
STATE/D.L.: MO/1234567890
ARRESTING OFFICER:
NOLL/DEAN/W
OFFICER I.D.: 40
TESTING OFFICER:
NOLL/DEAN/W
OFFICER I.D.: 40
PERMIT NUMBER: 220429
EXPIRATION DATE: 12/27/14
MISCELLANEOUS DATA:
RFI CHECK

--- BREATH ANALYSIS ---

BLANK TEST	.000	07:28
INTERNAL STANDARD	VERIFIED	07:28
RADIO INTERFERENCE		

OPERATOR SIGNATURE



Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901