



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

RECEIVED
 By Carol Day at 9:26 am, Dec 08, 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 <u>20128</u>	NAME OF AGENCY <u>Jefferson County S.O.</u>	DATE OF INSPECTION <u>02/15/2014</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>510 First St. Hillsboro</u>		TIME OF INSPECTION <u>0100 hrs</u>

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>02/15/14</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 Lab</u>	LOT # <u>13100</u> EXP. DATE <u>04/23/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34^o</u> °C	SIMULATOR SN <u>SD2222</u> EXP. DATE <u>05/07/14</u>
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1 - <u>.097</u>	TEST 2 - <u>.097</u>	TEST 3 - <u>.098</u>
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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	<u>1</u> (0-.04) <input type="checkbox"/>	<u>5</u> (.05-.09) <input type="checkbox"/>	<u>5</u> (.10-.14) <input type="checkbox"/>	<u>0</u> (.15-.19) <input type="checkbox"/>	<u>0</u> OVER .19 <input type="checkbox"/>
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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).
Instrument operates within guidelines set forth by the Dept. of Health & Senior Services

INSPECTING OFFICER

SIGNATURE <u>[Signature]</u>	PRINT FULL NAME <u>Lept Richard Beattie 197</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>230087 05/15/15</u>	TELEPHONE NUMBER <u>636 297-5000</u>

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

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201218
02/15/14
01:01

--- 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:;<=>?@ABCDEF6
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefgijklmno
pqrstuvwxyz{|}~.

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201218
02/15/14

ARREST TIME: 23:00
SUBJECT NAME:
RFI/TEST
DOB: 01/01/01 SEX: M
STATE/D.L.: NA/NA
ARRESTING OFFICER:
NA
OFFICER I.D.: NA
TESTING OFFICER:
BEATTIE/R
OFFICER I.D.: 197
PERMIT NUMBER: 230087
EXPIRATION DATE: 05/15/15
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 01:16
INTERNAL STANDARD VERIFIED 01:16
RADIO INTERFERENCE

Operator Signature

Operator Signature

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201218
02/15/14

TESTING OFFICER:
BEATTIE/RICHARD/T
OFFICER I.D.: 197
PERMIT NUMBER: 230087
EXPIRATION DATE: 05/15/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	01:10
INTERNAL STANDARD	VERIFIED	01:11
EXTERNAL STANDARD	.097	01:11
BLANK TEST	.000	01:12
EXTERNAL STANDARD	.097	01:12
BLANK TEST	.000	01:13
EXTERNAL STANDARD	.098	01:13
BLANK TEST	.000	01:14

N = 3
SIM. = .099
AVG. = .0973

Operator Signature

Dr. R. Beattie 197



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

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**PERMIT
TYPE II**

RICHARD T BEATTIE

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 05/15/2013

NUMBER 230087

EXPIRES 05/15/2015

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



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 13100 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 29, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is April 23, 2015 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.