



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

RECEIVED 1/14/14-CD

REVIEWED REPORT
 By Carol Day at 9:36 am, Mar 14, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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 201221	NAME OF AGENCY North Kansas City Police Department	DATE OF INSPECTION 01/03/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 2020 Howell St., North Kansas City, MO		TIME OF INSPECTION 0:01 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) 01/03/2014 00:01
<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 49 °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 Labs</u> LOT # <u>13210</u> EXP. DATE <u>07/29/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>1309</u> EXP. DATE <u>01/18/2014</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)

<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 → .100	TEST 2 → .100	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	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	2	(.15-.19)	0	OVER .19	2
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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 <i>Cory B. DeVaul #73</i>	PRINT FULL NAME PO Cory B. DeVaul #73
TYPE II PERMIT NUMBER/EXPIRATION DATE 230002 / 01/08/2015	TELEPHONE NUMBER (816) 274-6013

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.

880 NORTH 6TH STREET • HARRISBURG, PA 17114-4619 • TELEPHONE: 717-684-8470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13210 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is July 29, 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 FN12211-02 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.

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
NORTH KANSAS CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201221
01/03/14
00:01

--- 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:;<=>?@ABCDEFGHI
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnop

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
NORTH KANSAS CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201221
01/03/14

ARREST TIME: 19:00

SUBJECT NAME:
TEST

DOB: 01/02/07 SEX: M

STATE/D.L.: MO/123456789

ARRESTING OFFICER:
TEST

OFFICER I.D.: 0073

TESTING OFFICER:
DEVAUL/C/B

OFFICER I.D.: 0073

PERMIT NUMBER: 230002

EXPIRATION DATE: 01/08/15

MISCELLANEOUS DATA:
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	00:09
INTERNAL STANDARD	VERIFIED	00:09
RADIO INTERFERENCE		

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
NORTH KANSAS CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201221
01/03/14

TESTING OFFICER:
DEVAUL/C/B

OFFICER I.D.: 0073

PERMIT NUMBER: 230002

EXPIRATION DATE: 01/08/15

MISCELLANEOUS DATA:
TEST

--- SUPERVISOR MODE ---

BLANK TEST	.000	00:04
INTERNAL STANDARD	VERIFIED	00:04
EXTERNAL STANDARD	.100	00:04
BLANK TEST	.000	00:05
EXTERNAL STANDARD	.100	00:05
BLANK TEST	.000	00:06
EXTERNAL STANDARD	.100	00:06
BLANK TEST	.000	00:07

N = 3

SIM. = .1

AVG. = .1



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



PERMIT
TYPE II

CORY B DEVAUL

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

DATA MASTER

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 01/08/2013

NUMBER 230002

EXPIRES 01/08/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-79)

LAB-4 (PS-10)