



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

RECEIVED
 By Carol Day at 3:15 pm, Sep 04, 2014

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 <i>201222</i>	NAME OF AGENCY <i>Dixon Police Dept</i>	DATE OF INSPECTION <i>8/29/14</i>
LOCATION OF INSTRUMENT (STREET AND CITY) <i>303 South Elm St Dixon Mo 65459</i>		TIME OF INSPECTION <i>0615</i>

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) <i>8/29/14 0647</i>
<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 <i>49</i> °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 <i>Gruth Labs</i> LOT # <i>14110</i> EXP. DATE <i>5/1/16</i>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <i>34</i> °C SIMULATOR SN <i>SD 2279</i> EXP. DATE <i>10/28/14</i>

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>.095</i>	TEST 2 • <i>.097</i>	TEST 3 • <i>.097</i>
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PERFORM R.F.I. TEST (PRINTOUT ATTACHED) *ok*

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
 (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	(0-.04) <i>0</i>	(.05-.09) <i>07</i>	(.10-.14) <i>0</i>	(.15-.19) <i>0</i>	OVER .19 <i>0</i>
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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). *working within DOH spec.*

INSPECTING OFFICER	
SIGNATURE <i>[Signature]</i>	PRINT FULL NAME <i>Mike Plummer</i>
TYPE II PERMIT NUMBER/EXPIRATION DATE <i>1-0430 12/27/14</i>	TELEPHONE NUMBER <i>573-759-6610</i>

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 MISSISSIPPI
 DEPARTMENT OF TRANSPORTATION
 DIVISION OF HIGHWAYS
 MOBILE, ALABAMA

DATE OF TEST	10/06	MOBILE
TESTER'S NAME	ALICE B. B.	MOBILE
TESTER'S ID	1000	MOBILE
TESTER'S PHONE	1000	MOBILE
TESTER'S ADDRESS	1000	MOBILE
TESTER'S CITY	MOBILE	MOBILE
TESTER'S STATE	AL	MOBILE
TESTER'S ZIP	36688	MOBILE

DATE OF TEST
 TESTER'S NAME
 TESTER'S ID

Operator Signature  _____

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
THE DEPARTMENT OF REVENUE
PROPERTY
LABOR

--- DIAGNOSTIC CHECK ---

COMPLIANCE:	OKAY
PROGRAM (04-07-0089):	OKAY
PROPERTY:	
PROPERTY LABELS:	OKAY

PROPERTY LABELS
PROPERTY LABELS

Operator Signature 

**CERTIFIED ALCOHOL REFERENCE
SOLUTION FOR SIMULATOR**

<u>14110</u>	<u>5/1/14</u>	<u>5/1/16</u>
LOT NO.	MFG. DATE	EXP. DATE

<u>275 Gal.</u>	<u>500 ML</u>	
LOT VOL.	BOT. VOL.	BOT. NO.

When this reference solution is used with a breath simulator certified by Guth Laboratories, a properly operating instrument will read 0.10

For additional information contact:

Guth Laboratories, Inc.
590 North 67th Street, Harrisburg, PA 17111
Toll Free 800-233-2338
Rev. 4/02





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 14110 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on May 5, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1206% (w/vol) ethyl alcohol. The expiration date for this lot number is May 1, 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.