



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

REPORT #6

RECEIVED
 By Carol Day at 10:49 am, Aug 19, 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 201223	NAME OF AGENCY Branson West Police Department	DATE OF INSPECTION 08/18/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 110 Silverlady Ln Branson West Mo, 65737		TIME OF INSPECTION 7:24 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) 08-18-2014 19:24
<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 Guth Laboratories LOT # 14030 EXP. DATE 01/20/2016
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD 3139 EXP. DATE 07/30/2015

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 .097	TEST 2 .098	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)	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 Vincent Collins
TYPE II PERMIT NUMBER/EXPIRATION DATE 230091 05/28/2015	TELEPHONE NUMBER (417) 272-3400

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



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

2

PERMIT
TYPE II
VINCENT COLLINS

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 05/28/2013

NUMBER 230091

EXPIRES 05/28/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

V

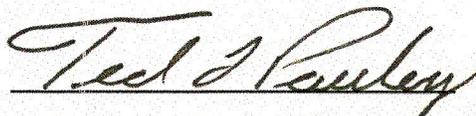
CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **14030** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **January 22, 2014**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1215%** (w/vol) ethyl alcohol. The expiration date for this lot number is **January 20, 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.

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
BRANSON WEST POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201223
08/18/14
19:24

--- 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[\]^_`abcdefgijklmno
pqrstuvwxyz{|}~

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
BRANSON WEST POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201223
08/18/14

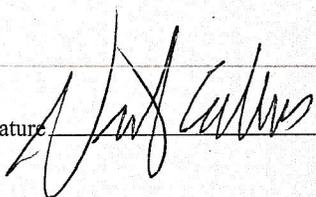
TESTING OFFICER:
COLLINS/VINCENT/T
OFFICER I.D.: 303
PERMIT NUMBER: 230091
EXPIRATION DATE: 05/29/15
MISCELLANEOUS DATA:
N
N

--- SUPERVISOR MODE ---

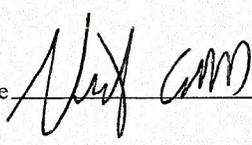
BLANK TEST	.000	19:38
INTERNAL STANDARD	VERIFIED	19:38
EXTERNAL STANDARD	.097	19:38
BLANK TEST	.000	19:39
EXTERNAL STANDARD	.098	19:39
BLANK TEST	.000	19:40
EXTERNAL STANDARD	.100	19:40
BLANK TEST	.000	19:41

N = 3
SIM. = .1
AVG. = .0983
S.D. = .0015
S.E. = -1.6666

Signature



Operator Signature



Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BRANSON WEST POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201223
08/18/14

ARREST TIME: 15:00
SUBJECT NAME:
RFI/TEST
DOB: 01/01/80 SEX: M
STATE/D.L.: MO/12345
ARRESTING OFFICER:
COLLINS/VINCENT/T
OFFICER I.D.: 303
TESTING OFFICER:
COLLINS/VINCENT/T
OFFICER I.D.: 303
PERMIT NUMBER: 210091
EXPIRATION DATE: 05/28/15
MISCELLANEOUS DATA:
N
N

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BRANSON WEST POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201223
08/18/14

ARREST TIME: 15:00
SUBJECT NAME:
BLANK/TEST
DOB: 01/01/80 SEX: M
STATE/D.L.: MO/12345
ARRESTING OFFICER:
COLLINS/VINCENT/T
OFFICER I.D.: 303
TESTING OFFICER:
COLLINS/VINCENT/T
OFFICER I.D.: 303
PERMIT NUMBER: 230091
EXPIRATION DATE: 05/28/15
MISCELLANEOUS DATA:
N
N

--- BREATH ANALYSIS ---

BLANK TEST	.000	21:26
INTERNAL STANDARD	VERIFIED	21:27
SUBJECT SAMPLE	.000	21:27
BLANK TEST	.000	21:28

Operator Signature

Operator Signature



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

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 201223	NAME OF AGENCY Branson West Police Department	DATE OF INSPECTION 08/01/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 110 Silverlady Ln Branson West Mo, 65737		TIME OF INSPECTION 4:42 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>08-01-2014 16:42</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 _____ 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 Laboratories</u> LOT # <u>14030</u> EXP. DATE <u>01/20/2016</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD 2753</u> EXP. DATE <u>12/02/2014</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)

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TEST 1 .098	TEST 2 .098	TEST 3 .098
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 (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	(.0-.04)	1	(.05-.09)	3	(.10-.14)	2	(.15-.19)	1	OVER .19	1
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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 Vincent Collins
TYPE II PERMIT NUMBER/EXPIRATION DATE 230091 05/28/2015	TELEPHONE NUMBER (417) 272-3400

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

V

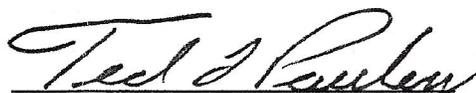
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STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

**PERMIT
TYPE II**

VINCENT COLLINS

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 05/28/2013

NUMBER 230091

EXPIRES 05/28/2015

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)



BAC DataMaster Evidence Ticket

STATE OF MISSOURI
BRANSON WEST POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201223
08/01/14
16:42

--- 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:;<=>?@ABCDEFGH
IJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnop
qrstuvwxyz{|}~

Signature David Collins

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
BRANSON WEST POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201223
08/01/14

TESTING OFFICER:
COLLINS/VINCE/T
OFFICER I.D.: 303
PERMIT NUMBER: 230091
EXPIRATION DATE: 05/28/15
MISCELLANEOUS DATA:
N
N

--- SUPERVISOR MODE ---

BLANK TEST	.000	16:45
INTERNAL STANDARD	VERIFIED	16:45
EXTERNAL STANDARD	.098	16:45
BLANK TEST	.000	16:46
EXTERNAL STANDARD	.098	16:46
BLANK TEST	.000	16:47
EXTERNAL STANDARD	.099	16:47
BLANK TEST	.000	16:48

N = 3
SIM. = .1
AVG. = .0983
S.D. = .0005
S.E. = -1.6666

Operator Signature David Collins

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BRANSON WEST POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201223
08/01/14

ARREST TIME: 16:00
SUBJECT NAME:
RFI/TEST
DOB: 01/01/80 SEX: M
STATE/D.L.: MO/12345
ARRESTING OFFICER:
COLLINS/VINCENT/T
OFFICER I.D.: 303
TESTING OFFICER:
COLLINS/VINCENT/T
OFFICER I.D.: 303
PERMIT NUMBER: 230091
EXPIRATION DATE: 05/28/15
MISCELLANEOUS DATA:
N
N

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BRANSON WEST POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201223
08/01/14

ARREST TIME: 16:00
SUBJECT NAME:
BLANK/TEST
DOB: 01/01/80 SEX: M
STATE/D.L.: MO/12345
ARRESTING OFFICER:
COLLINS/VINCENT/T
OFFICER I.D.: 303
TESTING OFFICER:
COLLINS/VINCENT/T
OFFICER I.D.: 303
PERMIT NUMBER: 230091
EXPIRATION DATE: 05/28/15
MISCELLANEOUS DATA:
N
N

--- BREATH ANALYSIS ---

BLANK TEST	.000	16:53
INTERNAL STANDARD	VERIFIED	16:53
SUBJECT SAMPLE	.000	16:53
BLANK TEST	.000	16:54

Signature



Operator Signature

