



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

RECEIVED 1/6/14-CD
 REPORT #6

REVIEWED
 By Carol Day at 3:58 pm, Feb 10, 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 201227	NAME OF AGENCY Fulton Police Department	DATE OF INSPECTION 01/01/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 935 Business 54 South, Fulton, MO 65251		TIME OF INSPECTION 1:55 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>01/01/2014 13:55</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 Laboratories</u> LOT # <u>13210</u> EXP. DATE <u>07/29/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP ($34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$) <u>34</u> °C SIMULATOR SN <u>SD2726</u> EXP. DATE <u>09/17/2014</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 $\pm 5\%$ 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 <u>.098</u>	TEST 2 <u>.098</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	0	(.0-.04)	5	(.05-.09)	0	(.10-.14)	1	(.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).

Instrument meets all DOHSS specifications

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME H. Roger Rice
TYPE II PERMIT NUMBER/EXPIRATION DATE 220177 / 07/24/2014	TELEPHONE NUMBER (573) 592-3100

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 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-664-5470

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 $34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$, 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



H ROGER RICE

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 07/24/2012

Number 220177

Expires 07/24/2014

Director of State Public Health Laboratory

Director, Department of Health

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 220127
01/01/14

ARREST TIME: 08:15
SUBJECT NAME:
TEST
DOB: 01/01/81 SEX: M
STATE/D.L.#: MO/1234567890
ARRESTING OFFICER:
TEST
OFFICER I.D.#: 00
TESTING OFFICER:
RICE/ROGER
OFFICER I.D.#: 00
PERMIT NUMBER: 220177
EXPIRATION DATE: 07/24/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Operator Signature



2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 220127
01/01/14

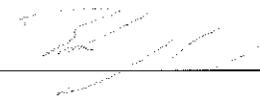
TESTING OFFICER:
RICE/ROGER
OFFICER I.D.#: 00
PERMIT NUMBER: 220177
EXPIRATION DATE: 07/24/14
MISCELLANEOUS DATA:

--- SUPERVISOR NAME ---

BLANK TEST	.000	14121
INTERNAL STANDARD	VERIFY	14121
EXTERNAL STANDARD	.000	14121
BLANK TEST	.000	14121
EXTERNAL STANDARD	.000	14121
BLANK TEST	.000	14121
EXTERNAL STANDARD	.000	14121
BLANK TEST	.000	14121

R = 0
S.H. = 1
P.M. = 0.000

Operator Signature



2208-02

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
POLICE DEPARTMENT

DATE: 10/10/2007 SERIAL NUMBER: 200707
01 01 14
13:55

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (94-07-2000):	OKAY
HITCHES:	
STRIKE CHAMBER:	#9c
FLOW DETECTOR:	OKAY
PUMP:	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
WEIGHT STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Operator Signature _____

