



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

RECEIVED
 By Brian Lutmer at 4:31 pm, Jun 27, 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 201288	NAME OF AGENCY CAMPBELL PD	DATE OF INSPECTION 06/27/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 2875 JAMES BLVD., POPLAR BLUFF, MO 63901		TIME OF INSPECTION 3:55 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) 15:55
<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 LOT # 14110 EXP. DATE 03/11/2015
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN DR5786 EXP. DATE 05/15/2015

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 0.098	TEST 2 0.099	TEST 3 0.098
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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).

REPLACED CHIP. RECALIBRATED. INSTRUMENT AND SIMULATOR OPERATING WITHIN DHSS SPECIFICATIONS.

INSPECTING OFFICER	
SIGNATURE ▶	PRINT FULL NAME BRIAN M. LUTMER
TYPE II PERMIT NUMBER/EXPIRATION DATE 230031/02-10-2015	TELEPHONE NUMBER (573) 840-9140

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**

Serial No. 1000000000
CHAMPANEL 10/11/11 1000000000

BAC DATAMASTER SERIAL NUMBER 1000000000
06/27/14

10000000000000000000
10000000000000000000

PROPERTY NUMBER 10000000000000000000
EXPIRATION DATE 06/27/14
MISCELLANEOUS DATA
0000000000

----- SUPERVISOR MODE -----

10000000000000000000 10000 16000
10000000000000000000 VERIFIED 10000

10000000000000000000
10000000000000000000 10000 16000
10000000000000000000 10000 16000

10000000000000000000
10000000000000000000 10000 16000
10000000000000000000 10000 16000

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OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD OH 44901 PHONE 1-800-800-8143 (NPAS)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster
Evidence Ticket**

Serial No. 1000000000
CHAMPANEL 10/11/11 1000000000

BAC DATAMASTER SERIAL NUMBER 1000000000
06/27/14

PROPERTY NUMBER 10000000000000000000

EXPIRATION DATE 06/27/14

MISCELLANEOUS DATA 0000000000

10000000000000000000 10000 16000

10000000000000000000 VERIFIED 10000

10000000000000000000 10000 16000

10000000000000000000 10000 16000

10000000000000000000 10000 16000

10000000000000000000 10000 16000

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10000000000000000000 10000 16000

Printed on 10/11/11
10000000000000000000 10000 16000
10000000000000000000 10000 16000
10000000000000000000 10000 16000

OPERATOR SIGNATURE

Card Stock No.

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD OH 44901 PHONE 1-800-800-8143 (NPAS)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF OHIO
LABORATORY OF FORENSIC SCIENCE

LABORATORY NUMBER: 200001
06/27/14

DATE OF TEST: 11/11

SUBJECT NAME:

U.S. 2001

DOB: 11/11/11

SEX: M

STATE/LOCAL ID NUMBER:

LABORATORY OFFICER:

LUTHER/BRIAN

OFFICER I.D.#:

TESTING OFFICER:

LUTHER/BRIAN

OFFICER I.D.#:

PROJECT NUMBER: 200001

BMC

EXPIRATION DATE: ~~06/27/14~~ 02/10/15

MISCELLANEOUS DATA:

NOTE TEST

--- BREATH ANALYSIS ---

BLANK TEST

0.000

10.000

INSTRUMENT STANDARD

0.000

10.000

0.000

0.000

SUBJECT SAMPLE

0.000

10.000

RADIO INTERFERENCE

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD OH 44901 PHONE 1-800-800-8143 (NPAS)



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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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 AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



**PERMIT
TYPE II**

BRIAN M LUTMER

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, DATAMASTER DMT, INTOXILYZER 5000,
INTOXILYZER 8000, ALCO-SENSOR IV WITH PRINTER, EC/IR II**

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 02/10/2013
NUMBER 230031
EXPIRES 02/10/2015


DARL VESTERLY
Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LAB-4 (R6-10)