



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

RECEIVED 3/4/14-CD

REVIEWED

REPORT #6

By Carol Day at 3:48 pm, Mar 31, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days) or 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 201229	NAME OF AGENCY St Robert Police Department	DATE OF INSPECTION 02/26/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 194 Eastlawn Ave Ste A St Robert, MO 65584		TIME OF INSPECTION 12:05 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) 02-26-14/12:05
<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>13100</u> EXP. DATE <u>04/23/2015</u>

<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD2284</u> EXP. DATE <u>07/10/2014</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 <input checked="" type="checkbox"/> 0.097%	TEST 2 <input checked="" type="checkbox"/> 0.098%	TEST 3 <input checked="" type="checkbox"/> 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	3	(0-.04)	0	(.05-.09)	0	(.10-.14)	1	(.15-.19)	2	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 is operating within requirements of Missouri DHSS

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME Jennifer R Janko
TYPE II PERMIT NUMBER/EXPIRATION DATE 220078 03/23/2014	TELEPHONE NUMBER (573) 336-4700

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 6TH STREET • HARRISBURG, PA 17111-4311 • TELEPHONE: 717-644-8470

CERTIFICATE OF ANALYSIS**Certified Alcohol Reference Solution for Simulator**

Random Samples of Lot Number 13100 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 29, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is April 23, 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 Certiliant 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

BAC DATAMASTER SERIAL NUMBER 201229
02/26/14
12:05

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS

SAMPLE CHAMBER: 48c

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
 KLMNOPQRSTUVWXYZ[\]^_`abcdefgijklmno
 pqrstuvwxyz{|}~

Operator Signature

2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI

BAC DATAMASTER SERIAL NUMBER 201229
02/26/14

TESTING OFFICER:
 JANKO/JENNIFER/R
 OFFICER I.D.: 103
 PERMIT NUMBER: 220078
 EXPIRATION DATE: 03/23/14
 MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	12:09
INTERNAL STANDARD	VERIFIED	12:09
EXTERNAL STANDARD	.097	12:10
BLANK TEST	.000	12:10
EXTERNAL STANDARD	.098	12:11
BLANK TEST	.000	12:11
EXTERNAL STANDARD	.098	12:12
BLANK TEST	.000	12:12

N = 3
 SIM. = .098
 AVG. = .0976

Operator Signature

2

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI

BAC DETERMINER: SERIAL NUMBER 201229
02/26/14

ARREST TIME: 03:00

SUBJECT NAME:

RFI/CHECK

DOB: 01/01/01

SEX: F

STATE/D.L.L.: NR/NONE

ARRESTING OFFICER:

NR

OFFICER I.D.: 000

TESTING OFFICER:

JANKO/JENNIFER/R

OFFICER I.D.: 103

PERMIT NUMBER: 220078

EXPIRATION DATE: 03/23/14

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	12:15
INTERNAL STANDARD	VERIFIED	12:15
RADIO INTERFERENCE		

Operator Signature



State of Missouri
DEPARTMENT OF HEALTH

P E R M I T
TYPE II



JENNIFER R JANKO

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 03/23/2012

Number 220078

Expires 03/23/2014

MO SQ-0771 (7-89)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (7-7-89)