



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 201229	NAME OF AGENCY St Robert Police Department	DATE OF INSPECTION 04/28/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 194 Eastlawn Ave Ste A St Robert, MO 65584	TIME OF INSPECTION 10:42 pm
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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) 04-28-2014/2242
<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
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<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>

<input checked="" type="checkbox"/> 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"/> 0.096%	TEST 2 <input checked="" type="checkbox"/> 0.097%	TEST 3 <input checked="" type="checkbox"/> 0.097%
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<input checked="" type="checkbox"/> 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)	2	(.10-.14)	0	(.15-.19)	0	OVER .19	0

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 240037 02/24/2016	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.

526 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-564-6470

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 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

BAC DATA MASTER SERIAL NUMBER 201229
04/28/14

TESTING OFFICER:
JANCO/JENNIFER/R
OFFICER I.D.: 103
PERMIT NUMBER: 240037
EXPIRATION DATE: 02/24/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	22:44
INTERNAL STANDARD	VERIFIED	22:44
EXTERNAL STANDARD	.096	22:45
BLANK TEST	.000	22:45
EXTERNAL STANDARD	.097	22:45
BLANK TEST	.000	22:46
EXTERNAL STANDARD	.097	22:47
BLANK TEST	.000	22:47

N = 3
SIM. = .1
RWS. = .0965

Operator Signature
JA 103

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI

BAC DATA MASTER SERIAL NUMBER 201229
04/28/14
22:42

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

Operator Signature
JA 103

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI

BAC DATAMASTER SERIAL NUMBER 201229

04/28/14

ARREST TIME: 00:00

SUBJECT NAME:

RFI/CHECK

DOB: 01/01/01 SEX: F

STATE/D.L.: NR/NONE

ARRESTING OFFICER:

NR

OFFICER I.D.: 000

TESTING OFFICER:

JANKO/JENNIFER/R

OFFICER I.D.: 103

PERMIT NUMBER: 240037

EXPIRATION DATE: 02/24/16

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST

*000

22:50
22:50

VERIFIED

INTERNAL STANDARD

RADIO INTERFERENCE

Operator Signature

[Handwritten Signature]
103

2208-02



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



**PERMIT
TYPE II**

JENNIFER R JANKO

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.

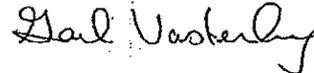
DATE: 2/24/2014

NUMBER 240037

EXPIRES 2/24/2016

MO 590-0771 (6-10)


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator: JANKO, JENNIFER
Permit No. 240037
Date issued 2/24/2014 Date Expires 2/24/2016