



Missouri Department of Health and Senior Services
 STATE PUBLIC HEALTH LABORATORY
 BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

RECEIVED REPORT #6
 By Carol Day at 9:58 am, Oct 03, 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 201231	NAME OF AGENCY Thayer Police Department	DATE OF INSPECTION 10/01/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Thayer Police Department 102 Front St. Thayer, Mo		TIME OF INSPECTION 5:35 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>10/01/2014</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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER GUTH Lab LOT # 14030 EXP. DATE 01/20/2016

SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN SD 2301 EXP. DATE 03/12/2015

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 .099	TEST 2 .100	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 2	(0-.04)	(.05-.09) 1	(.10-.14)	(.15-.19)	OVER .19 2
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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 James A. Martin
TYPE II PERMIT NUMBER/EXPIRATION DATE 230328 12/23/2015	TELEPHONE NUMBER (417) 264-3819

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 17114-4511 • TELEPHONE: 717-564-5470

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
BAC DATAMASTER SERIAL NUMBER 201231
12/01/14

ARREST TIME: 17:05
SUBJECT NAME:
MASTER/DATA
DOB: 02/26/89 SEX: M
STATE/D.L.: MO/12345
ARRESTING OFFICER:
MARTIN/J/A
OFFICER I.D.: 4094
TESTING OFFICER:
MARTIN/JAMES/A
OFFICER I.D.: 4094
PERMIT NUMBER: 230028
EXPIRATION DATE: 12/23/15
MISCELLANEOUS DATA:
R.F.I TEST
R.F.I TEST

--- BREATH ANALYSIS ---

SIGNAL DET	.000	19:14
INTERNAL STANDARD	VERIFIED	19:15
ALCOHOL INTERFERENCE		

Operator Signature

Sgt. J. G. Martin 4094

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201231
10/01/14

TESTING OFFICER:
MARTIN, JAMES/A
OFFICER I.D.: 4094
PERMIT NUMBER: 200026
EXPIRATION DATE: 12/23/15
MISCELLANEOUS DATA:

---- SUPERVISOR MODE ----

BLANK TEST	.000	17:39
INTERNAL STANDARD	VERIFIED	17:39
EXTERNAL STANDARD	.099	17:39
BLANK TEST	.000	17:40
EXTERNAL STANDARD	.100	17:40
BLANK TEST	.000	17:41
EXTERNAL STANDARD	.100	17:41
BLANK TEST	.000	17:42

N = 3
SIM. = .1
AVG. = .0996

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201231
10/01/14
17:35

--- 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

! " # \$ % & ' () * + , - . / 0 1 2 3 4 5 6 7 8 9 : ; (=) ? @ A B C D E F G
H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` a b c d e f g h i j k l m n o
p q r s t u v w x y z { | } ~

Operator Signature Exp. J. A. Martin 740924

Operator Signature Exp. J. A. Martin 740924



Missouri Department of Health and Senior Services
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-5400 FAX: 573-751-6010
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2066 VOICE 1-800-735-2466
 Margaret T. Donnelly
 Director



Jeremiah W. (Jay) Nixon
 Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Agency: Thayer Police Department
 Serial Number: SD 2301
 Manufacturer: Guth
 Model Number: 10-4D

CALIBRATION RESULTS

<u>Reference Temperature</u>	<u>Simulator Temperature</u>
34.00	34.0

This calibration was performed with NIST-Traceable Thermometer SN: 304447
 This calibration was performed by: Brian M. Lutner
 This calibration was performed: 03/12/2014

COPY OF CALIBRATION STICKER

This simulator has been calibrated according to DHSS specifications



SIMULATOR SERIAL NO.: SD2301
 EXPIRATION DATE: 03/12/2015
 DATE OF CALIBRATION: 03/12/2014
 NIST REF. THERM. SERIAL NO.: 304447
 AVERAGE SIM. TEMP.: 34.00 C
 ANALYST INITIALS: BML



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

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PERMIT
TYPE II

JAMES A MARTIN

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

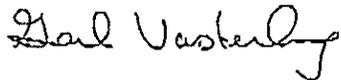
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 12/23/2013

NUMBER 230328

EXPIRES 12/23/2015


 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


 acting director
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES