



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

RECEIVED
 By Carol Day at 10:29 am, Jun 18, 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 201232	NAME OF AGENCY Salem Police Department	DATE OF INSPECTION 06/02/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 500 North Jackson Street, Salem 65560		TIME OF INSPECTION 10:30 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) 06/02/14 2230
<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>14030</u> EXP. DATE <u>01/20/2016</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>0919</u> EXP. DATE <u>06/07/2014</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)

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 → .097	TEST 2 → .098	TEST 3 → .099
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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)	1	(.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).

INSPECTING OFFICER	
SIGNATURE <i>Sgt. Robert T. Simpson 6/05</i>	PRINT FULL NAME Robert T. Simpson
TYPE II PERMIT NUMBER/EXPIRATION DATE 220238 09/07/2014	TELEPHONE NUMBER (573) 729-4242

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.

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 **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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
SALEM POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201202
06/02/14

ARREST TIME: 22:06
SUBJECT NAME:
DOB: 07/11/11 SEX: M
ST-FLORIDA: NA/NA
RACES: NA/AFRICAN
HT:
OFFICER I.D.# NH
TESTING OFFICER:
SUA SUP/SUBERT/1
OP-USER I.D.# 100
PLATE NUMBER: 200208
EXPIRATION DATE: 09/07/14
MISCELLANEOUS DATA:
SP:
CP:

--- BREATH ANALYSIS ---

BLANK TEST	.000	22:37
INTERNAL STANDARD	VERIFIED	22:37
KNOW INTERFERENCE		

OPERATOR SIGNATURE

Sgt. Robert Johnson #105

Card Stock No.
60020

REORDER ALL SUPPLIES FROM N.P.A.S.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
SALEM POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201232
06/02/14
22:38

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROBING (24-07-2009): OKAY

BEHOLDERS
SAMPLE CHAMBER: 49c

ROOM DETECTOR: OKAY

PUMP
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

WORKING STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!@#%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJK
LMNOPQRSTUVWXYZ[\]^_`abcde fghi,jklmno
pqrstuvwxyz{|}~"

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
SALEM POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201232
06/02/14

TESTING OFFICER:

SIMPSON/ROBERT/T
OFFICER I.D.# 185
RECALL NUMBER: 200238
EXPIRATION DATE: 09/07/14
MINUTE/MEDUS DATA:

--- SUPERVISOR MODE ---

Blank Test	1.000	22:32
INTERNAL STANDARD	VERIFIED	22:32
EXTERNAL STANDARD	1.097	22:32
Blank Test	1.000	22:33
EXTERNAL STANDARD	1.099	22:33
Blank Test	1.000	22:34
EXTERNAL STANDARD	1.099	22:34
Blank Test	1.000	22:35

W = 3
SIG. = 11
AVG. = 1.099

OPERATOR SIGNATURE

Sgt. Robert T Simpson #105

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Sgt. Robert T Simpson #105

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



ROBERT T SIMPSON

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 09/07/2012

Number 220238

Expires 09/07/2014

MO 680-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (17-88)