



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

RECEIVED

By Carol Day at 1:28 pm, Nov 24, 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 11/11/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 500 North Jackson Street, Salem 65560 | | TIME OF INSPECTION 11:06 am |

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>11/11/2014 23:06</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 |

| |
|---|
| <input checked="" type="checkbox"/> INDICATOR LIGHTS |
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth Laboratories</u> LOT # <u>14200</u> EXP. DATE <u>08/05/2016</u> |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD2774</u> EXP. DATE <u>06/04/2015</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 .099 | TEST 2 .100 | TEST 3 .101 |
|--------------|--------------|--------------|

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) | 1 | (.15-.19) | 2 | OVER .19 | 2 |
|----------|---|----------|---|-----------|---|-----------|---|-----------|---|----------|---|

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 #705</i> | PRINT FULL NAME Robert T. Simpson |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 240340 09/22/2016 | 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.

690 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 14200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 6, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1213% (w/vol) ethyl alcohol. The expiration date for this lot number is August 5, 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 FNI22211-02 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
SHELLY POLICE DEPARTMENT

DLI OPERATOR SERIAL NUMBER 201232
11/11/19

URGENT TIME: 23:05

SUBJECT NAME:

RFI

DOB: 11/11/11 SEX: M

OFFICER I.D.# 10000

OFFICER I.D.# 10000

RFI

OFFICER I.D.# 100

TESTING OFFICER:

OFFICER I.D.# 100

OFFICER I.D.# 100

IDENTIFICATION NUMBER: 040340

EXPIRATION DATE: 09/22/16

RESOLUTIONS DATA:

RFI

RFI

--- BREATH ANALYSIS ---

| | | |
|--------------------|----------|-------|
| ALCOHOL TEST | .000 | 23:14 |
| INTERNAL STANDARD | VERIFIED | 23:14 |
| BRIEF INTERFERENCE | | |

Operator Signature

Sgt. Robert L. Langan #705

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
SHERIFF POLICE DEPARTMENT

DRIVER LICENSE SERIAL NUMBER 201232
11/11/14

ISSUING OFFICER:
OFFICER ROBERT J. LINDSEY
OFFICER ID: 1287
OFFICER NUMBER: 240899
OFFICER BIRTH DATE: 09/22/16
OFFICER EXPIRES: 01/14

SUPERVISOR NAME ---

| | | |
|-----------------|----------|-------|
| ISSUING OFFICER | .000 | 23:09 |
| ISSUING OFFICER | VERIFIED | 23:09 |
| ISSUING OFFICER | .000 | 23:09 |
| ISSUING OFFICER | .000 | 23:10 |
| ISSUING OFFICER | .100 | 23:10 |
| ISSUING OFFICER | .000 | 23:11 |
| ISSUING OFFICER | .101 | 23:11 |
| ISSUING OFFICER | .000 | 23:12 |

ISSUING OFFICER
ISSUING OFFICER

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
SHERIFF POLICE DEPARTMENT

DRIVER LICENSE SERIAL NUMBER 201232
11/11/14
20146

DETAILED CHECK ---

| | |
|-----------------|------|
| ISSUING OFFICER | OKAY |
| ISSUING OFFICER | OKAY |
| ISSUING OFFICER | 49c |
| ISSUING OFFICER | OKAY |

PRINTER TEST

11/11/14 23:12 2012323456789:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`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 0 1 2 3 4 5 6 7 8 9

Operator Signature

Sgt. Robert Lindsey #905

Operator Signature

Sgt. Robert Lindsey #905



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

2

PERMIT
TYPE II

ROBERT T SIMPSON

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 9/22/2014

NUMBER 240340

EXPIRES 9/22/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES, acting director

MO 990-0771 (6-10)

LAB 4 (R6-10)