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

# DATAMASTER MAINTENANCE REPORT

received 2/1/14-cd

REPORT #6

REVIEWED
By Carol Day at 2:24 pm, Feb 04, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 d
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 | NAME OF AGENCY | DATE OF INSPECTION |
|---|---|---|
| 201240 | Piedmont | 01/27/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) | | TIME OF INSPECTION |
| 116 west green street Piedmont, MO 63957 | | 9:35 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.

- [x] DIAGNOSTIC CHECK (PRINTOUT ATTACHED) — DATE AND TIME (from printout) 01/27/2014/21:43
  - [x] COMPUTER
  - [x] DETECTOR
  - [x] PROGRAM
  - [x] FILTERS
  - [x] HEATERS SAMPLE CHAMBER 49 °C
  - [x] QUARTZ STANDARD
  - [x] FLOW DETECTOR
  - [x] CALIBRATION
  - [x] PUMP HIGH SPEED
  - [x] PRINTER
- [x] INDICATOR LIGHTS
- [x] SIMULATOR SOLUTION SUPPLIER Guth LOT # 13280 EXP. DATE 10/16/2014
- [x] SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN sd2257 EXP. DATE 01/27/2014
- [x] 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 ☛ | TEST 2 ☛ | TEST 3 ☛ |
|---|---|---|

- [x] 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-.04) | (.05-.09) | (.10-.14) | (.15-.19) | OVER .19 |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 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).

This instrument is operating at MDHSW standards.

**INSPECTING OFFICER**

| SIGNATURE | PRINT FULL NAME |
|---|---|
| | Travis JE Hanger |
| TYPE II PERMIT NUMBER/EXPIRATION DATE | TELEPHONE NUMBER |
| 220038/02/09/14 | (573) 223-4300 |

**RETURN COMPLETED REPORT TO THE:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office 2875 James Blvd.

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 **13280** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 18, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1217%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 16, 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.*

01/28/2014 14:41 FAX 5732243904 Wayne Co Sheriff 0003/0004

Face This Side Down - This Edge In First

**BAC DataMaster**
Evidence Ticket

STATE OF MISSOURI
PIEDMONT POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201240
01/27/14

TESTING OFFICER:
HANGER/TRAVIS/JE
OFFICER I.D.: 339
PERMIT NUMBER: 220038
EXPIRATION DATE: 02/09/14
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

| | | |
|---|---|---|
| BLANK TEST | .000 | 21:32 |
| INTERNAL STANDARD | VERIFIED | 21:32 |
| EXTERNAL STANDARD | .102 | 21:33 |
| BLANK TEST | .000 | 21:33 |
| EXTERNAL STANDARD | .105 | 21:34 |
| BLANK TEST | .000 | 21:34 |
| EXTERNAL STANDARD | .105 | 21:35 |
| BLANK TEST | .000 | 21:35 |

I = 3
SIM. = .1
AVG. = .104

gnature

**BAC DataMaster**
Evidence Ticket

STATE OF MISSOURI
PIEDMONT POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201240
01/27/14

ARREST TIME: 21:20
SUBJECT NAME:
TEST
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/12345567
ARRESTING OFFICER:
HANGER/TRAVIS/JE
OFFICER I.D.: 339
TESTING OFFICER:
HANGER/TRAVIS/JE
OFFICER I.D.: 339
PERMIT NUMBER: 220038
EXPIRATION DATE: 02/09/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

| | | |
|---|---|---|
| BLANK TEST | .000 | 21:32 |
| INTERNAL STANDARD | VERIFIED | 21:38 |
| RADIO INTERFERENCE | | |

Operator Signature

Face This Side Down - This Edge In First

**BAC DataMaster**
Evidence Ticket

STATE OF MISSOURI
PIEDMONT POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201240
01/27/14
21:29

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

Operator Signature