



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

**RECEIVED**  
 By Carol Day at 12:54 pm, Oct 01, 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 201240	NAME OF AGENCY Wayne County Sheriff's Department	DATE OF INSPECTION 09/26/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 116 W Green ST, Piedmont, MO 63957		TIME OF INSPECTION 1:25 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>09-26-2014/1:28 PM</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 Solution</u>	LOT # <u>14110</u> EXP. DATE <u>05/01/2016</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34c</u> °C	SIMULATOR SN <u>sd2257</u> EXP. DATE <u>03/12/2015</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"/> .099%	TEST 2 <input checked="" type="checkbox"/> .098%	TEST 3 <input checked="" type="checkbox"/> .098%
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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-.04) 0	(.05-.09) 1	(.10-.14) 2	(.15-.19) 0	OVER .19 1
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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).

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME Travis JE Hanger
TYPE II PERMIT NUMBER/EXPIRATION DATE 240094/03-11-2016	TELEPHONE NUMBER (573) 223-3400

RETURN COMPLETED REPORT TO THE:  
 Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
 2675 James Blvd.  
 Poplar Bluff, MO 63901



**GUTH LABORATORIES, INC.**

580 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 14110 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on May 5, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1206% (w/vol) ethyl alcohol. The expiration date for this lot number is May 1, 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.*

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
PIEDMONT POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201240  
09/26/14

ARREST TIME: 12:50  
SUBJECT NAME:  
TEST:  
DOB: 01/21/91 SEX: M  
STATE I.D.: MO/12345678  
ARRESTING OFFICER:  
HANGER/ TRAVIS/ JE  
OFFICER I.D.: 335  
TESTING OFFICER:  
HANGER/ TRAVIS/ JE  
OFFICER I.D.: 339  
PERMIT NUMBER: 240094  
EXPIRATION DATE: 03/11/16  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST: .000 13:40  
INTERNAL STANDARD: .000 13:40  
RADIO INTERFERENCE

Operator Signature: *[Signature]*

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
PIEDMONT POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201240  
09/26/14

TESTING OFFICER:  
HANGER/ TRAVIS/ JE  
OFFICER I.D.: 339  
PERMIT NUMBER: 240094  
EXPIRATION DATE: 03/11/16  
MISCELLANEOUS DATA:

--- SUPERVISOR ROOM ---

BLANK TEST	.000	13:50
INTERNAL STANDARD	VERIFIED	13:50
EXTERNAL STANDARD	.000	13:50
BLANK TEST	.000	13:50
EXTERNAL STANDARD	.000	13:50
BLANK TEST	.000	13:50
EXTERNAL STANDARD	.000	13:50
BLANK TEST	.000	13:50

N = 3  
SIM. = .1  
AVG. = .0982

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
PIEDMONT POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201240  
09/26/14  
13:26

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	ABC
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!@#%&'()\*+,-./:;<=>?@AB CDEFGHIJKLMNOPQRSTUVWXYZ[\]^\_`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 1 2 3 4 5 6 7 8 9 0

*[Signature]*

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



TRAVIS JF HANGER

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 02/09/2012

Number 220038

Expires 02/09/2014

Director of State Public Health Laboratory

Director, Department of Health