



19 CSR 25-30—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 25—State Public Health Laboratory

RECEIVED
By Carol Day at 8:06 am, Feb 05, 2014



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

DATAMASTER MAINTENANCE REPORT

REPORT #

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 <u>20212</u>	NAME OF AGENCY <u>FORISTEL</u>	DATE OF INSPECTION <u>02/03/14</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>30 1st St Foristell</u>		TIME OF INSPECTION <u>010</u>

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>010314 0110</u>
<input type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input type="checkbox"/> HEATERS SAMPLE CHAMBER <u>49</u> °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 type="checkbox"/> PRINTER

<input checked="" type="checkbox"/> INDICATOR LIGHTS
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>GAUTH</u> LOT # <u>13280</u> EXP. DATE <u>111615</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>DP5377</u> EXP. DATE <u>112114</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)

<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 <u>.097</u>	TEST 2 <u>.097</u>	TEST 3 <u>.096</u>
--------------------	--------------------	--------------------

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)	1	(.05-.09)	0	(.10-.14)	2	(.15-.19)	0	OVER .19	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).

INSPECTING OFFICER	
SIGNATURE <u>[Signature]</u>	PRINT FULL NAME <u>J. POOLE 751</u>
TYPE IF PERMIT NUMBER/EXPIRATION DATE <u>236295 112615</u>	TELEPHONE NUMBER <u>636 463 2107</u>
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	

MO 560-1459 (2-09)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a non-discriminatory basis

LAB-116



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.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSISSIPPI
LABORATORY

AND INSTRUMENT SECTION
01/08/14
1219

LABORATORY NUMBER

LABORATORY NAME

LABORATORY ADDRESS

LABORATORY CITY

LABORATORY STATE

LABORATORY ZIP

LABORATORY PHONE

LABORATORY FAX

LABORATORY E-MAIL

LABORATORY WEBSITE

LABORATORY CONTACT PERSON

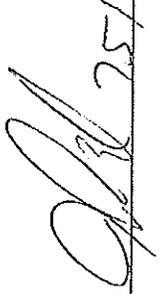
LABORATORY CONTACT PHONE

LABORATORY CONTACT FAX

LABORATORY CONTACT E-MAIL
LABORATORY CONTACT ADDRESS
LABORATORY CONTACT CITY
LABORATORY CONTACT STATE
LABORATORY CONTACT ZIP

OPERATOR SIGNATURE

Card Stock No.
60021



FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

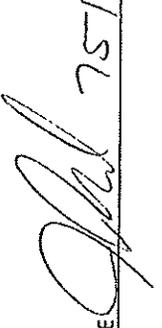
DATE OF ANALYSIS
ANALYST'S QUALIFICATION
TEST REQUESTED
TEST NUMBER DESIGN
81/28/14

TESTING DIFFERS
MILES
OFFICE
EQUIP NUMBER
EXPIRATION DATE
MIND OTHERS

SUPERVISOR NAME
BLANK TEST
SYSTEM (CONTROL)
SYSTEMS CONTROL
BLANK TEST
SYSTEMS CONTROL
BLANK TEST
SYSTEMS CONTROL
BLANK TEST
SYSTEMS CONTROL

DATE
TIME
LAB

OPERATOR SIGNATURE



Card Stock No.
60021

751

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

DATE: 01/15/80

TIME: 10:00 AM

OFFICE: 10000

SUBJECT NAME: [REDACTED]

OFFICER: [REDACTED]

DATE: 01/15/80

STATE: CA

OPERATING OFFICER: [REDACTED]

OPERATOR SIGNATURE

Card Stock No.
60021

[Handwritten Signature]
751

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



JEANNETTE L POOLE

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 09/04/2012

Number 220222

Expires 09/04/2014

Director of State Public Health Laboratory

Director, Department of Health