



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

REPORT #6

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 201248	NAME OF AGENCY Cameron P.D.	DATE OF INSPECTION 04-02-2014
LOCATION OF INSTRUMENT (STREET AND CITY) 101 North Chestnut, Cameron, Missouri, 64429		TIME OF INSPECTION 2037

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) 2038
<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>13280</u> EXP. DATE <u>10-16-2201</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C SIMULATOR SN <u>SD2263</u> EXP. DATE <u>07-24-2014</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 .095	TEST 2 .095	TEST 3 .095
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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)	0	(.10-.14)	0	(.15-.19)	1	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).

Tested and certified with in DOH requirements

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME Cpl. Shane T. Stevenson
TYPE II PERMIT NUMBER/EXPIRATION DATE 230138/07-17-2015	TELEPHONE NUMBER (816) 632-6521

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 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.



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

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PERMIT
TYPE II

SHANE T STEVENSON

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 7/17/2013

NUMBER 230138

EXPIRES 7/17/2015

MO 530-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator STEVENSON, SHANE
Permit No 230138
Date Issued 7/17/2013 Date Expires 7/17/2015

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

DATE OF ANALYSIS

ANALYST'S NAME (PRINT NAME AND LAST NAME)

LABORATORY NAME

LABORATORY ADDRESS

LABORATORY PHONE NUMBER

LABORATORY FAX NUMBER

LABORATORY E-MAIL ADDRESS

LABORATORY WEBSITE

LABORATORY IDENTIFICATION NUMBER

ALCOHOL TEST	0.000	0.0000
ETHANOL TEST	0.000	0.0000
ISOPROPANOL TEST	0.000	0.0000
BUTANOL TEST	0.000	0.0000
PENTANOL TEST	0.000	0.0000
HEXANOL TEST	0.000	0.0000
HEPTANOL TEST	0.000	0.0000
OCTANOL TEST	0.000	0.0000
NONANOL TEST	0.000	0.0000
DECANOL TEST	0.000	0.0000

LABORATORY USE ONLY

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

DATE OF ANALYSIS

ANALYST'S NAME (PRINT NAME AND LAST NAME)

LABORATORY NAME

LABORATORY ADDRESS

LABORATORY PHONE NUMBER

LABORATORY FAX NUMBER

LABORATORY E-MAIL ADDRESS

LABORATORY WEBSITE

LABORATORY IDENTIFICATION NUMBER

LABORATORY USE ONLY

Operator Signature

CP/5/110

2208-02

Operator Signature

CP/5/110

2208-02

BAC DataMaster Evidence Ticket

Case No. _____
Date of Collection _____
Time of Collection _____

Operator Name _____
Operator Title _____
Agency _____
Case No. _____
Date of Collection _____
Time of Collection _____

Officer Name _____
Officer Title _____
Agency _____
Case No. _____
Date of Collection _____
Time of Collection _____

Officer Name _____

Officer Name _____
Officer Title _____
Agency _____

Operator Signature _____

