



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

RECEIVED

By Carol Day at 9:21 am, Feb 10, 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 201254	NAME OF AGENCY Leadington Police Department	DATE OF INSPECTION 02/06/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Leadington Police Department, 12 Weir St., Leadington		TIME OF INSPECTION 7:50 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) 02/06/2014 2000 hrs
<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 Inc</u> LOT # <u>13290</u> EXP. DATE <u>10/29/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>G11085</u> EXP. DATE <u>06/20/2014</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 <u>.100</u>	TEST 2 <u>.101</u>	TEST 3 <u>.101</u>
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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)	1	(.15-.19)	0	OVER .19	0
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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).

INSPECTING OFFICER	
SIGNATURE <i>CPL James W. Robinson</i>	PRINT FULL NAME Corporal James W. Robinson MSHP#986
TYPE II PERMIT NUMBER/EXPIRATION DATE 220175 07/20/2014	TELEPHONE NUMBER (573) 431-0166

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.**

880 NORTH 6TH STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-684-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 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 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.

BAC DataMaster
Evidence Ticket

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
LEADINGTON POLICE DEPARTMENT

STATE OF MISSOURI
LEADINGTON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201254
02/06/14
20:00

BAC DATAMASTER SERIAL NUMBER 201254
02/06/14

--- DIAGNOSTIC CHECK ---

TESTING OFFICER:

ROBINSON/J/W
OFFICER I.D.: 986
PERMIT NUMBER: 220175
EXPIRATION DATE: 07/20/14
MISCELLANEOUS DATA:

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

--- SUPERVISOR MODE ---

BLANK TEST	.000	20:06
INTERNAL STANDARD	VERIFIED	20:06
EXTERNAL STANDARD	.100	20:07
BLANK TEST	.000	20:07
EXTERNAL STANDARD	.101	20:08
BLANK TEST	.000	20:09
EXTERNAL STANDARD	.101	20:10
BLANK TEST	.000	20:10

N = 3
SIM. = .1
AVG. = .1006

PRINTER TEST

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

OPERATOR SIGNATURE

RATOR SIGNATURE

Card Stock No. 60021
REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44801

Stock No. 1
REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44801

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
LEADINGTON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201254
02/06/14

ARREST TIME: 19:30
SUBJECT NAME:
TEST
DOB: 10/10/10 SEX: M
STATE/D.L.: MO/
ARRESTING OFFICER:
TEST
OFFICER I.D.:
TESTING OFFICER:
ROBINSON/J/W
OFFICER I.D.: 906
PERMIT NUMBER: 220175
EXPIRATION DATE: 07/20/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	20:14
INTERNAL STANDARD	VERIFIED	20:14
RADIO INTERFERENCE		

OPERATOR SIGNATURE



Card Stock No.
00021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44001

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



JAMES W ROBINSON

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 07/20/2012

Number 220175

Expires 07/20/2014

MO 680-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (07-88)