

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

RECEIVED REPORT #
 By Carol Day at 1:30 pm, Apr 08, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days) or
 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 201256	NAME OF AGENCY Winfield Police Department	DATE OF INSPECTION 04/02/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 51 Harry's Way Winfield, Missouri		TIME OF INSPECTION 12:59 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) 12:59pm
<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>13290</u> EXP. DATE <u>10/29/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C SIMULATOR SN <u>SD 3000</u> EXP. DATE <u>12/17/2014</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 * .098	TEST 2 * .098	TEST 3 * .099
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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)	1	(.10-.14)	2	(.15-.19)	2	OVER .19
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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).

Instrument Operating Within Established Limits.

INSPECTING OFFICER	
SIGNATURE <i>Sgt. M. McCollister</i>	PRINT FULL NAME Sgt. M. McCollister
TYPE II PERMIT NUMBER-EXPIRATION DATE 220207/08/21/2014	TELEPHONE NUMBER (636) 566-6936

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.

693 NORTH 67TH STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-664-6470

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 Certified 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



P E R M I T
TYPE II



MARC MCCOLLISTER

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 08/21/2012

Number 220207

Expires 08/21/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (87-88)

97,097,

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201256
04/02/14

TESTING OFFICER:
MCCOLLISTER/MARC/A
OFFICER I.D.: 2502
PERMIT NUMBER: 220207
EXPIRATION DATE: 08/21/14
MISCELLANEOUS DATA:
N/A
N/A

--- SUPERVISOR MODE ---

BLANK TEST	.000	13:02
INTERNAL STANDARD	VERIFIED	13:02
EXTERNAL STANDARD	.098	13:03
BLANK TEST	.000	13:04
EXTERNAL STANDARD	.098	13:04
BLANK TEST	.000	13:05
EXTERNAL STANDARD	.099	13:05
BLANK TEST	.000	13:06

N = 3
SIM. = .1
AVG. = .0983

Operator Signature

M.M. / 1/1/14

2208-02

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201256
04/02/14
12:59

--- 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:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopqr
stuvwxyz{|}~

Operator Signature

M.M. / 1/1/14

2208-02

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201256
04/02/14

ARREST TIME: 09:00
SUBJECT NAME:
DOE/JOHN/A
DOB: 09/09/69 SEX: M
STATE/D.L.: MO/000000000069
ARRESTING OFFICER:
MCCOLLISTER/MARC/A
OFFICER I.D.: 2502
TESTING OFFICER:
MCCOLLISTER/MARC/A
OFFICER I.D.: 2502
PERMIT NUMBER: 220207
EXPIRATION DATE: 08/21/14
MISCELLANEOUS DATA:
RFI TEST
N/A

--- BREATH ANALYSIS ---

BLANK TEST	.000	13:09
INTERNAL STANDARD	VERIFIED	13:09
RADIO INTERFERENCE		

Operator Signature

