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

DATAMASTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 11:26 am, Nov 07, 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	NAME OF AGENCY	DATE OF INSPECTION
201256	Winfield Police Department	11/03/2014

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
51 Harry's Way Winfield, Missouri	11:24 am

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.

☑ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) — DATE AND TIME (from printout) 11/03/2014 @ 11:24

- ☑ COMPUTER
- ☑ DETECTOR
- ☑ PROGRAM
- ☑ FILTERS
- ☑ HEATERS SAMPLE CHAMBER 49 °C
- ☑ QUARTZ STANDARD
- ☑ FLOW DETECTOR
- ☑ CALIBRATION
- ☑ PUMP HIGH SPEED
- ☑ PRINTER

☑ INDICATOR LIGHTS

☑ SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 13290 EXP. DATE 10/29/2015

☑ SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN SD 3000 EXP. DATE 12/17/2014

☑ 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	TEST 2	TEST 3
.101	.101	.101

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

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	PRINT FULL NAME
Sgt. M. McCollister	Sgt. M. McCollister
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
240304 07/22/2016	(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.
995 NORTH 6TH STREET • HARRISBURG PA 17110-1811 • TELEPHONE: 717-564-6470

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 Certiliant 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

2

PERMIT

TYPE II

MARC MCCOLLISTER

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 7/22/2014

NUMBER 240304

EXPIRES 7/22/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R5-10)

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 MCCOLLISTER, MARC
Permit No 240304
Date Issued 7/22/2014 **Date Expires** 7/22/2016

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201256
11/03/14

TESTING OFFICER:
MCCOLLISTER/MARC/A
OFFICER I.D.: 2502
PERMIT NUMBER: 240304
EXPIRATION DATE: 07/22/16
MISCELLANEOUS DATA:
N/A
N/A

--- SUPERVISOR MODE ---

BLANK TEST	.000	11:27
INTERNAL STANDARD	VERIFIED	11:27
EXTERNAL STANDARD	.101	11:28
BLANK TEST	.000	11:29
EXTERNAL STANDARD	.101	11:29
BLANK TEST	.000	11:30
EXTERNAL STANDARD	.101	11:30
BLANK TEST	.000	11:31

N = 3
SIM. = .1
AVG. = .101

ator Signature M. Mills

2208-02

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201256
11/03/14
11:24

--- 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:;<=>?@ABCDEFG
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmno
pqrstuvwxyz{|}~

Operator Signature M. Mills

2208-02

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201256
11/03/14

ARREST TIME: 06:00
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: 240304
EXPIRATION DATE: 07/22/16
MISCELLANEOUS DATA:
RFI TEST
N/A

--- BREATH ANALYSIS ---

BLANK TEST	.000	11:36
INTERNAL STANDARD	VERIFIED	11:36
RADIO INTERFERENCE		

Operator Signature _____

2208-02