



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

REPORT #8

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>201268</u>	NAME OF AGENCY <u>VANDALIA Police Dept.</u>	DATE OF INSPECTION <u>03-18-2014</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>201 E. Park St. Vandalia Mo. 63382</u>		TIME OF INSPECTION <u>13:22</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>03-18-2014 13:22</u>
<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 <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 checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth Labs</u>	LOT # <u>13010</u> EXP. DATE <u>01-09-2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C	SIMULATOR SN <u>SD 2280</u> EXP. DATE <u>04-19-2014</u>
<input checked="" type="checkbox"/> 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>098</u>	TEST 2 <u>.098</u>	TEST 3 <u>.098</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-.04) <u>1</u>	(.05-.09)	(.10-.14)	(.15-.19)	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).

<b>INSPECTING OFFICER</b>	
SIGNATURE <u>Raymond A. Laird</u>	PRINT FULL NAME <u>Raymond A. Laird</u>
TYPE II PERMITS NUMBER/EXPIRATION DATE <u>220 392 11-19-2014</u>	TELEPHONE NUMBER <u>573-594-6186</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



**GUTH LABORATORIES, INC.**

88 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-534-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13010 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 14, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1218% (w/vol) ethyl alcohol. The expiration date for this lot number is January 9, 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 MISSOURI  
VANDALIA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201269  
03/18/14

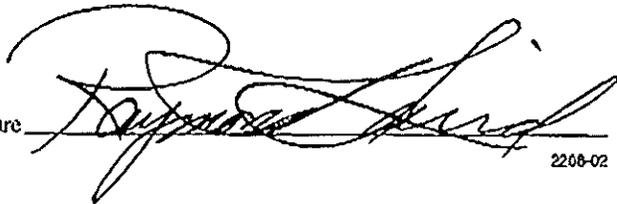
TESTING OFFICER:  
LAIRD/RAYMOND/A  
OFFICER I.D.: 202  
PERMIT NUMBER: 220392  
EXPIRATION DATE: 11/19/14  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	13:26
INTERNAL STANDARD	VERIFIED	13:26
EXTERNAL STANDARD	.098	13:26
BLANK TEST	.000	13:27
EXTERNAL STANDARD	.098	13:27
BLANK TEST	.000	13:28
EXTERNAL STANDARD	.098	13:28
BLANK TEST	.000	13:29

N = 3  
SIM. = .1  
AVG. = .098

Operator Signature



2200-02

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
VANDALIA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201268

03/18/14

13:22

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS

SAMPLE CHAMBER: 49c

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

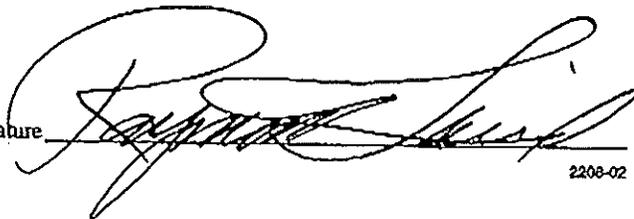
QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

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

Operator Signature



2208-02

Face This Side Down - This Edge In First

**BAC DataMaster**  
**Evidence Ticket**

STATE OF MISSOURI  
VANDALIA POLICE DEPARTMENT

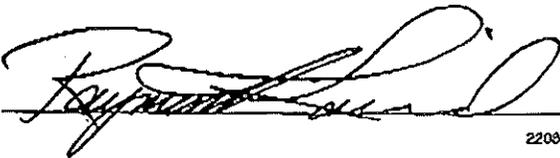
BAC DATAMASTER SERIAL NUMBER 201268  
03/18/14

ARREST TIME: 01:01  
SUBJECT NAME:  
N/A  
DOB: 01/01/01      SEX: M  
STATE/D.L.: MO/N/A  
ARRESTING OFFICER:  
N/A  
OFFICER I.D.: N/A  
TESTING OFFICER:  
LAIRD/RAYMOND/A  
OFFICER I.D.: 202  
PERMIT NUMBER: 220392  
EXPIRATION DATE: 11/19/14  
MISCELLANEOUS DATA:  
RFI/TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	13:46
INTERNAL STANDARD	VERIFIED	13:47
RADIO INTERFERENCE		

Operator Signature



2200-02

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
T Y P E I I



RAYMOND A LAIRD

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 11/19/2012

Number 220392

Expires 11/19/2014

Director of State Public Health Laboratory

Director, Department of Health