



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

**RECEIVED** REPORT #6  
 By Carol Day at 11:10 am, Jan 13, 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 201274	NAME OF AGENCY Eldon Police Department	DATE OF INSPECTION 01/07/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 111 South Oak, Eldon Mo 65026		TIME OF INSPECTION 10:26 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.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) <u>01/07/2014 1026 am</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 _____ 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</u>	LOT # <u>13210</u> EXP. DATE <u>07/29/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C	SIMULATOR SN <u>2999</u> EXP. DATE <u>09/09/2014</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  .98	TEST 2  .099
	TEST 3  .100

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)	1	(.05-.09)	0	(.10-.14)	0	(.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).

Changed Printer Ribbon, Voltage check at .-064

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Brian Kidwell
TYPE II PERMIT NUMBER/EXPIRATION DATE 230304 12/11/2015	TELEPHONE NUMBER (573) 392-5611

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.

590 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 **13210** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **July 31, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1216%** (w/vol) ethyl alcohol. The expiration date for this lot number is **July 29, 2015** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L  $\pm$  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.*

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
ELDON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201274  
01/07/14

ARREST TIME: 10:00

SUBJECT NAME:

RII TEST

DOB: 01/07/15 SEX: M

STATE/D.L.: MO/230304

ARRESTING OFFICER:

KIDWELL "

OFFICER I.D.: 806

TESTING OFFICER:

KIDWELL

OFFICER I.D.: 806

PERMIT NUMBER: 230304

EXPIRATION DATE: 12/11/15

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST

10:31

INTERNAL STANDARD

10:31

RADIO INTERFERENCE

OPERATOR SIGNATURE

Card Stock No.  
60020

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901 PHONE 1-800-800-8143 (NPAS)

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
ELDON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201274  
01/07/14

TESTING OFFICER:

KIDWELL/BRIAN/D

OFFICER I.D.: 806

PERMIT NUMBER: 230304

EXPIRATION DATE: 12/11/15

MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST

10:31

INTERNAL STANDARD

10:31

EXTERNAL STANDARD

10:32

BLANK TEST

10:32

EXTERNAL STANDARD

10:33

BLANK TEST

10:33

EXTERNAL STANDARD

10:34

BLANK TEST

N = 3

SIM. = .1

AVG. = .099

OPERATOR SIGNATURE

Card Stock No.  
60020

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901 PHONE 1-800-800-8143 (NPAS)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
ELDON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201274  
01/07/14

ARREST TIME: 10:15  
SUBJECT NAME:  
KIDWELL/BRIAN  
DOB: 01/01/90 SEX: M  
STATE/D.L.: MO/123  
ARRESTING OFFICER:  
KIDWELL/BRIAN/D  
OFFICER I.D.: 896  
TESTING OFFICER:  
KIDWELL/BRIAN/D  
OFFICER I.D.: 806  
PERMIT NUMBER: 230304  
EXPIRATION DATE: 12/11/15  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	10:41
INTERNAL STANDARD	VERIFIED	10:41
SUBJECT SAMPLE	.000	10:42
BLANK TEST	.000	10:42

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
ELDON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201274  
01/07/14  
10:26

--- 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[\]^\_`abcdefghijklmnopq  
rstuvwxyz{|}~

OPERATOR SIGNATURE

OPERATOR SIGNATURE

Card Stock No.  
60020

Card Stock No.  
60020

REORDER ALL SUPPLIES FROM N.P.A.S.

REORDER ALL SUPPLIES FROM N.P.A.S.