



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

DATAMASTER MAINTENANCE REPORT

REPORT #6

received 6/24/14-cd

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
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

REVIEWED
By Carol Day at 1:29 pm, Jul 08, 2014

DATAMASTER SN 201277	NAME OF AGENCY Cartersville Police Department	DATE OF INSP 06/18/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 E. 1st Street Cartersville, MO 64835		TIME OF INSPECTION 9:26 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) <u>06/18/2014 / 2126 hrs</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 Laboratories Inc.</u> LOT # <u>13280</u> EXP. DATE <u>10/16/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>094948</u> EXP. DATE <u>07/10/2014</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>.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	2	(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).

Instrument is operating within MODHSS specifications

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Christopher Shonk
TYPE II PERMIT NUMBER/EXPIRATION DATE 220432 / 12/27/2014	TELEPHONE NUMBER (417) 673-2616

FORN 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 87th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13280 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1217% (w/vol) ethyl alcohol. The expiration date for this lot number is October 16, 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.

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
CARTERSVILLE POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 201277

06/18/14
21:25

--- THERMISTIC CHECK ---

COMPUTER: OKAY

PROGRAM (24-07-2009): OKAY

HEATERS:

TEMPLE CHAMBER: 49c

FLOW DETECTOR: OKAY

PUMP:

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

ROBERT STANDARD: OKAY

QUALISPARTION: OKAY

PRINTER TEST

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

Operator Signature

524

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
CARTERSVILLE POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 201277

06/18/14

TESTING OFFICER:

SHONK/CHRISTOPHER/M

OFFICER I.D.: 504

PERMIT NUMBER: 220432

EXPIRATION DATE: 12/27/14

MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	21:42
INTERNAL STANDARD	VERIFIED	21:42
EXTERNAL STANDARD	.098	21:43
BLANK TEST	.000	21:43
EXTERNAL STANDARD	.098	21:44
BLANK TEST	.000	21:44
EXTERNAL STANDARD	.098	21:45
BLANK TEST	.000	21:45

N = 3

SIM. = .1

RWG. = .098

Operator Signature

524

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
CARTERSVILLE POLICE DEPARTMENT

390 DATAMASTER SERIAL NUMBER 201277
06/15/14

ARREST TIME: 21:00
SUBJECT NAME:

PT/DAREY

DOB: 01/01/91 SEX: M

STATE/D.L.#: MO/11111

ARRESTING OFFICER:

SHONK

OFFICER I.D.#: 504

TESTING OFFICER:

SHONK/CHRISTOPHER/M

OFFICER I.D.#: 504

PERMIT NUMBER: 220432

EXPIRATION DATE: 12/27/14

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 21:50
INTERNAL STANDARD VERIFIED 21:50
R0110 (REFERENCE)

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
CARTERSVILLE POLICE DEPARTMENT

390 DATAMASTER SERIAL NUMBER 201277
06/18/14

ARREST TIME: 21:01

SUBJECT NAME:

SOBER/SAMPLE

DOB: 11/11/11 SEX: M

STATE/D.L.#: MO/222

ARRESTING OFFICER:

SHONK

OFFICER I.D.#: 504

TESTING OFFICER:

SHONK/CHRISTOPHER/M

OFFICER I.D.#: 504

PERMIT NUMBER: 220432

EXPIRATION DATE: 12/27/14

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 21:53
INTERNAL STANDARD VERIFIED 21:53
SUBJECT SAMPLE .000 21:54
BLANK TEST .000 21:54

Operator Signature

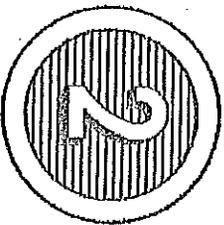
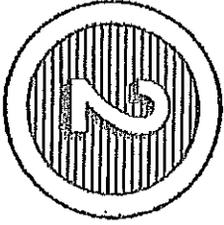
 # 504

Operator Signature

 # 504

State of Missouri
DEPARTMENT OF HEALTH

PERMIT
TYPE II



CHRISTOPHER SHONK

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 12/27/2012

Number 220432

Director of State Public Health Laboratory

Expires 12/27/2014

ACTING DIRECTOR

MO 580-0771 (7-89)

Director, Department of Health

Lab. 4 (R7-88)