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

DATAMASTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 12:04 pm, Oct 14, 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
201277	Carterville Police Department	10/05/2014

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
1200 East First Street Carterville, Mo. 64835	5:35 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.

- [x] DIAGNOSTIC CHECK (PRINTOUT ATTACHED) — DATE AND TIME (from printout) 10-05-2014 1735
- [x] COMPUTER
- [x] DETECTOR
- [x] PROGRAM
- [x] FILTERS
- [x] HEATERS SAMPLE CHAMBER 49 °C
- [x] QUARTZ STANDARD
- [x] FLOW DETECTOR
- [x] CALIBRATION
- [x] PUMP HIGH SPEED
- [x] PRINTER
- [x] INDICATOR LIGHTS
- [x] SIMULATOR SOLUTION SUPPLIER Guth Laboratories Inc LOT # 14110 EXP. DATE 05/01/2016
- [x] SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN 094948 EXP. DATE 07/17/2015
- [x] 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)

- [x] 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 ☛
.097	.098	.098

- [x] 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	1	0	2	0

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).

Operating within MODHSS Specifications

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME
▸	Clinton Worley
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
240029 01-27-2016	(417) 673-2616

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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
CARTERVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201277
10/05/14

TESTING OFFICER:
WORLEY/CLINTON
OFFICER I.D.: 503
PERMIT NUMBER: 240029
EXPIRATION DATE: 01/29/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	17:59
INTERNAL STANDARD	VERIFIED	17:59
EXTERNAL STANDARD	.097	17:59
BLANK TEST	.000	18:00
EXTERNAL STANDARD	.098	18:00
BLANK TEST	.000	18:01
EXTERNAL STANDARD	.098	18:01
BLANK TEST	.000	18:02

N = 3
SIM. = .1
AVG. = .0976

ıtor Signature

2208-02

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
CARTERVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201277
10/05/14
17:37

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	49c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY

DETECTOR:RADIO INTERFERENCE

Operator Signature

2208-02

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
CARTERVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201277
10/05/14
17:35

--- 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 _____

2208-02

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 **14110** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **May 5, 2014,** using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1206%** (w/vol) ethyl alcohol. The expiration date for this lot number is **May 1, 2016** 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.

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

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PERMIT
TYPE II
CLINTON B WORLEY

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 1/29/2014

NUMBER 240029

EXPIRES 1/29/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

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 WORLEY, CLINTON
Permit No 240029
Date Issued 1/29/2014 **Date Expires** 1/29/2016