



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

RECEIVED 2/8/14 REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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.

REVIEWED
 By Carol Day at 9:57 am, Mar 14, 2014

DATAMASTER SN 201280	NAME OF AGENCY LAKE OZARK POLICE DEPARTMENT	DATE OF INSPECTION 02/01/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 3162 BAGNELL DAM BLVD, LAKE OZARK, 65049		TIME OF INSPECTION 10:27 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>02/01/2014, 10:27 pm</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 °C</u>	<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>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>SD2241</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 ➡ 0.099%	TEST 2 ➡ 0.100%	TEST 3 ➡ 0.100%
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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	1	(.0-.04)	1	(.05-.09)	1	(.10-.14)	1	(.15-.19)	1	OVER .19	3
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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).

THIS INSTRUMENT IS OPERATING WITHIN MODHSS GUIDELINES.

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME CPL. JEFF SKINNER #712
TYPE II PERMIT NUMBER/EXPIRATION DATE 220239 09/07/2014	TELEPHONE NUMBER (573) 365-5371

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: 717-664-5470

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°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
LAKE OZARK POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 201280
02/01/14
22:27

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HEATERS
SAMPLE CHAMBER: 49C
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
GURRITZ STANDARD: OKAY
CALIBRATION: OKAY
PRINTER TEST
!@#%&'()*+,-./0123456789:;<=>?@ABCDEF
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefg|hijklmnop
qrstuvwxyza-z

Operator Signature

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
LAKE OZARK POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 201280
02/01/14

TESTING OFFICER:

SKINNER
OFFICER I.D.: 712
PERMIT NUMBER: 220239
EXPIRATION DATE: 09/07/14
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST .000 22:46
INTERNAL STANDARD VERIFIED 22:46
EXTERNAL STANDARD .095 22:47
BLANK TEST .000 22:47
EXTERNAL STANDARD .100 22:48
BLANK TEST .000 22:48
EXTERNAL STANDARD .100 22:49
BLANK TEST .000 22:50

N = 3
SIM. = .1
RWS. = .0995

Operator Signature

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
LAKE OZARK POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 201290
02/01/14

ARREST TIME: 21:00
SUBJECT NAME:
TEST

DOB: 01/10/55 SEX: M
STATE/D.L.: MO/123456789
ARRESTING OFFICER:
SKINNER

OFFICER I.D.: 712
TESTING OFFICER:
SPWE

OFFICER I.D.: SPWE
PERMIT NUMBER: 220239
EXPIRATION DATE: 09/07/14
MISCELLANEOUS DATA:
RFI/CHECK

--- BREATH ANALYSIS ---

BLANK TEST .000 22:53
INTERNAL STANDARD VERIFIED
RADIO INTERFERENCE 22:53

Operator Signature

2208-02

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
LAKE OZARK POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 201290
02/01/14

ARREST TIME: 21:00
SUBJECT NAME:
TEST

DOB: 01/10/55 SEX: M
STATE/D.L.: MO/123456789
ARRESTING OFFICER:
SKINNER

OFFICER I.D.: 712
TESTING OFFICER:
SPWE

OFFICER I.D.: SPWE
PERMIT NUMBER: 220239
EXPIRATION DATE: 09/07/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 22:55
INTERNAL STANDARD VERIFIED 22:55
SUBJECT SAMPLE .000 22:55
BLANK TEST .000 22:55

* 2 Seconds *

Operator Signature

2208-02

DEPARTMENT OF HEALTH



P E R M I T
TYPE II



JEFFREY E SKINNER

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 09/07/2012

Number 220239

Expires 09/07/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)