



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

received 3/4/14-cd

REVIEWED REPORT #6
 By Carol Day at 11:47 am, Mar 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 201285 | NAME OF AGENCY Lamar Police Department | DATE OF INSPECTION 02/25/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 1010 Cherry St. Lamar | | TIME OF INSPECTION 11:00 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) 02-25-2014 11:00 |
| <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 |

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 13060 EXP. DATE 02/04/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN SD2727 EXP. DATE 07/10/2014

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 • .101 | TEST 2 • .100 | 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) | 0 | (.05-.09) | 0 | (.10-.14) | 1 | (.15-.19) | 0 | OVER .19 | 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).

| | |
|--|--------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE | PRINT FULL NAME Dennis O. Cornell |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 220260 09/13/2014 | TELEPHONE NUMBER (417) 682-3546 |

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 87th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13060 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on February 7, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.0482% (w/vol) ethyl alcohol. The expiration date for this lot number is February 4, 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 0.040 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 FN120110-04 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



PERMIT
TYPE II



DENNIS O CORNELL

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 09/13/2012

Number 220260

Expires 09/13/2014

MSD 900-0770 (7-83)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (87-63)

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSISSIPPI
LABORATORY DEPARTMENT

BAC DATA MASTER FOR GENERAL PURPOSES
DATE: 01/24/20
TIME: 11:27

--- 01/24/20 11:27 ---

| | |
|---------------------|------|
| OPERATOR: | UNKN |
| PROGRAM: | UNKN |
| REVIEWER: | |
| SAMPLE CHARACT: | UNKN |
| LOW, G.E. REACTION: | UNKN |
| IMP: | |
| LOW OPERAT: | UNKN |
| DETECTION: | UNKN |
| SYSTEM: | UNKN |
| MARKET STANDARD: | UNKN |
| PRELIMINARY: | UNKN |

LABORATORY

MISSISSIPPI LABORATORY DEPARTMENT
LABORATORY DEPARTMENT
LABORATORY DEPARTMENT

Signature 

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSISSIPPI
LABORATORY DEPARTMENT

BAC DATA MASTER FOR GENERAL PURPOSES
DATE: 01/24/20
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--- 01/24/20 11:27 ---

OPERATOR: UNKN
PROGRAM: UNKN
REVIEWER: UNKN
SAMPLE CHARACT: UNKN
LOW, G.E. REACTION: UNKN
IMP: UNKN
LOW OPERAT: UNKN
DETECTION: UNKN
SYSTEM: UNKN
MARKET STANDARD: UNKN
PRELIMINARY: UNKN

LABORATORY

MISSISSIPPI LABORATORY DEPARTMENT
LABORATORY DEPARTMENT
LABORATORY DEPARTMENT

Operator Signature 

