



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

**RECEIVED**

By Carol Day at 3:11 pm, May 12, 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 04/30/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 1010 CHERRY LAMAR		TIME OF INSPECTION 12:36 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>04-30-2014 12:36PM</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</u> LOT # <u>13060</u> EXP. DATE <u>02/04/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C SIMULATOR SN <u>SD2727</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  .039	TEST 2  .039	TEST 3  .039
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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	0	(.0-.04)	2	(.05-.09)	0	(.10-.14)	1	(.15-.19)	1	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).

<b>INSPECTING OFFICER</b>	
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 67th 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

MOI 520-0771 (7-83)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (87-85)



Face This Side Down - This Edge In First

04



# BAC DataMaster Evidence Ticket

DATE OF TEST: \_\_\_\_\_  
 TIME OF TEST: \_\_\_\_\_  
 OPERATOR: \_\_\_\_\_  
 VEHICLE MAKE: \_\_\_\_\_  
 VEHICLE MODEL: \_\_\_\_\_  
 VEHICLE YEAR: \_\_\_\_\_  
 VEHICLE COLOR: \_\_\_\_\_  
 VEHICLE LICENSE: \_\_\_\_\_  
 VEHICLE VIN: \_\_\_\_\_  
 VEHICLE MAKE: \_\_\_\_\_  
 VEHICLE MODEL: \_\_\_\_\_  
 VEHICLE YEAR: \_\_\_\_\_  
 VEHICLE COLOR: \_\_\_\_\_  
 VEHICLE LICENSE: \_\_\_\_\_  
 VEHICLE VIN: \_\_\_\_\_  
 VEHICLE MAKE: \_\_\_\_\_  
 VEHICLE MODEL: \_\_\_\_\_  
 VEHICLE YEAR: \_\_\_\_\_  
 VEHICLE COLOR: \_\_\_\_\_  
 VEHICLE LICENSE: \_\_\_\_\_  
 VEHICLE VIN: \_\_\_\_\_

OPERATOR SIGNATURE

Operator Signature