



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

RECEIVED 6/5/14 CD REPORT #6

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.

REVIEWED
 By Carol Day at 1:47 pm, Jun 26, 2014

DATAMASTER SN 201285	NAME OF AGENCY Lamar Police Department	DATE OF INSPECTION 05/31/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 1010 Cherry Lamar	TIME OF INSPECTION 5:46 am
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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) 05-31-2014 5:46
<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 _____ 48 °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 Gulth Laboratories LOT # 13100 EXP. DATE 04/23/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °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 .096	TEST 2 .096	TEST 3 .097
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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)	1	(.05-.09)	1	(.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).

INSPECTING OFFICER

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

690 NORTH 6TH STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13100 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 29, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is April 23, 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.

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
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

MO 550 (7-85)

Director of State Public Health Laboratory

Director, Department of Health

Lsh. 4 (27-85)

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

Face This Side Down - This Edge In First

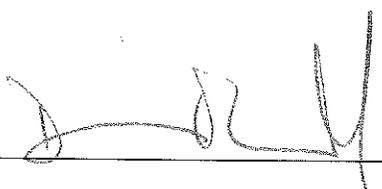
10%

**BAC DataMaster
Evidence Ticket**

Date: _____
 Time: _____
 Location: _____
 Operator: _____
 Subject: _____
 Vehicle: _____
 License: _____
 Make: _____
 Model: _____
 Year: _____
 Color: _____
 VIN: _____
 Weight: _____
 Height: _____
 Sex: _____
 Hair: _____
 Eyes: _____
 Build: _____
 Race: _____
 Age: _____
 Height: _____
 Weight: _____
 Blood Alcohol Content: _____
 Breath Alcohol Content: _____
 Urine Alcohol Content: _____
 Saliva Alcohol Content: _____
 Hair Alcohol Content: _____
 Nails Alcohol Content: _____
 Sweat Alcohol Content: _____
 Other: _____

Date: _____
 Time: _____
 Location: _____
 Operator: _____
 Subject: _____
 Vehicle: _____
 License: _____
 Make: _____
 Model: _____
 Year: _____
 Color: _____
 VIN: _____
 Weight: _____
 Height: _____
 Sex: _____
 Hair: _____
 Eyes: _____
 Build: _____
 Race: _____
 Age: _____
 Height: _____
 Weight: _____
 Blood Alcohol Content: _____
 Breath Alcohol Content: _____
 Urine Alcohol Content: _____
 Saliva Alcohol Content: _____
 Hair Alcohol Content: _____
 Nails Alcohol Content: _____
 Sweat Alcohol Content: _____
 Other: _____

Signature



Operator Signature



Face This Side Down - This Edge In First

10%

**BAC DataMaster
Evidence Ticket**

Case No. _____
Date of Collection _____
Time of Collection _____
Location of Collection _____
Name of Collector _____
Name of Operator _____
Name of Analyst _____
Name of Supervisor _____
Name of Agency _____
Name of State _____
Name of Country _____
Name of City _____
Name of State _____
Name of Country _____
Name of City _____
Name of State _____
Name of Country _____
Name of City _____

Operator Signature

