



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

RECEIVED
 By Carol Day at 3:53 pm, Apr 23, 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 <u>201291</u>	NAME OF AGENCY <u>CABOOL P.D. MUSTIF</u>	DATE OF INSPECTION <u>4-18-14</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>CABOOL RD - CABOOL MO</u>		TIME OF INSPECTION <u>1837</u>

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>1837</u>
<input type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input type="checkbox"/> HEATERS SAMPLE CHAMBER <u>48</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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER GUTH LABS INC LOT # 13290 EXP. DATE 10-29-15

SIMULATOR TEMP (34°C ± 0.2°C) 34.5 °C SIMULATOR SN 094948 EXP. DATE 4-17-15

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 <u>0.099</u>	TEST 2 <u>0.099</u>	TEST 3 <u>0.099</u>
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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 <u>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	OVER .19 <u>0</u>
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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).

OPERATING WITHIN MO DHS SPECIFICATIONS

INSPECTING OFFICER

SIGNATURE <u>TAR M.C. Downey 448</u>	PRINT FULL NAME <u>TAR M.C. Downey</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>220341 10/10/14</u>	TELEPHONE NUMBER <u>(417) 469-3121</u>

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 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 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.

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



MYRON C DOWNEY

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 10/10/2012

Number 220341

Expires 10/10/2014

Director of State Public Health Laboratory

Director, Department of Health

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
CABCOE POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER: 201201
04-17-14
18837

DIVISION OF CRIME

CONDITION: OK

PROBATION: 004-07-2009-01 OK

HEADER:
SAMPLE CHAMBER: OK

FILM DETECTOR: OK

PUMP:
HIGH PRESS: OK

DETECTOR: OK

FILTERS: OK

INTERNAL STANDARD: OK

EXTERNAL STANDARD: OK

PRINTER NOTE:

"CHECK YOURS" - MICROSOFT EXCEL - 2003 VERSION
BY BUCHHEIM@STAMM.COM - 11/2005 - 11/2006
DATE: 11/20/06 10:23 AM

Operator Signature

TRC MCD 448

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
CABCOE POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER: 201201
04-18-14

TESTING OFFICER:

ROBERT MCD

OFFICER ID: 448

REPORT NUMBER: 2500341

EXPIRATION DATE: 10-01-14

RECALIBRATION DATA:

10

SUPERVISOR NOTE

INTERNAL TEST	1000	184.40
INTERNAL STANDARD	1000	184.43
EXTERNAL STANDARD	1000	184.41
INTERNAL TEST	1000	184.42
EXTERNAL STANDARD	1000	184.42
INTERNAL TEST	1000	184.42
EXTERNAL STANDARD	1000	184.43
INTERNAL TEST	1000	184.42

11/18/14

10:23 AM

1000 # 10000

Operator Signature

TRC MCD 448

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

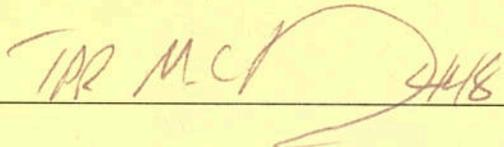
STATE OF MISSOURI
CABOOL POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201291
04/18/14

ARREST TIME: 18:00
SUBJECT NAME:
TEST/RFI
DOB: 01/01/70 SEX: M
STATE/D.L.: MO/123456789
ARRESTING OFFICER:
DOWNEY/M/C
OFFICER I.D.: 448
TESTING OFFICER:
DOWNEY/M/C
OFFICER I.D.: 448
PERMIT NUMBER: 220341
EXPIRATION DATE: 10/10/14
MISCELLANEOUS DATA:
RFI TEST

--- BREATH ANALYSIS ---

RADIO INTERFERENCE



Operator Signature