



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

RECEIVED 7/4/14-CD
 REPORT #6

REVIEWED
 By Carol Day at 3:15 pm, Jul 21, 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 201295	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 07/01/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Osage Beach Police Department / Osage Beach Parkway / Osage Beach		TIME OF INSPECTION 12:19 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) 07/01/2014 / 12:19
<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
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth Laboratories, Inc.	LOT # 13290 EXP. DATE 10/29/2015
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ 34 °C	SIMULATOR SN SD 3150 EXP. DATE 01/03/2015

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 ➡ .095%	TEST 2 ➡ .095%	TEST 3 ➡ .095%
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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)	0	(.05-.09)	4	(.10-.14)	2	(.15-.19)	1	OVER .19	1
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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 <i>Trooper C. Richardson</i>	PRINT FULL NAME Trooper C. Richardson
TYPE # PERMIT NUMBER/EXPIRATION DATE 230335 12/23/2015	TELEPHONE NUMBER (573) 751-1000

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

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201295
07/01/14

TESTING OFFICER:
RICHARDSON/C
OFFICER I.D.# 1253
PERMIT NUMBER: 230335
EXPIRATION DATE: 12/23/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	12:39
INTERNAL STANDARD	VERIFIED	12:39
EXTERNAL STANDARD	.095	12:40
BLANK TEST	.000	12:40
EXTERNAL STANDARD	.095	12:41
BLANK TEST	.000	12:41
EXTERNAL STANDARD	.095	12:42
BLANK TEST	.000	12:42

N = 3
SIM. = .1
AVG. = .095

OPERATOR SIGNATURE

CARD STK # 60036
REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435 MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201295
07/01/14
12:19

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS

SAMPLE CHAMBER: 49C

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!##\$%&'()*+,-./0123456789:;<=>?@ABCDEF
GHIJKLMNOPQRSTUVWXYZ[\]^_`abcedefghijklmno
pqrstuvwxyz{|}~

OPERATOR SIGNATURE

CARD STK # 60036
REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435 MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201295
07/01/14

TESTING OFFICER:

REHARDSON/C

OFFICER I.D. # 1253

PERMIT NUMBER: 230035

EXPIRATION DATE: 12/28/15

MISSOURI MEDICAL DATA:

SUPERVISOR: MOBE

BLANK TEST	.000	12:45
INTERNAL STANDARD	VERIFIED	12:45
RADIO INTERFERENCE		

OPERATOR SIGNATURE



CARD STK # 60032

REORDER ALL SUPPLIES FROM M.P.A.S.
P.O. BOX 1435 MANASSA, VA 22040



GUTH LABORATORIES, INC.

800 NORTH 6TH STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

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.