



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

RECEIVED

By Brian Lutmer at 11:27 am, May 16, 2014

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.

DATAMASTER SN 201298	NAME OF AGENCY PORTAGEVILLE PD	DATE OF INSPECTION 05/15/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 2875 JAMES BLVD., POPLAR BLUFF, MO 63901		TIME OF INSPECTION 2:12 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) 14:12
<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 LOT # 14110 EXP. DATE 05/01/2016

<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN DR5786 EXP. DATE 05/15/2015

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 → 0.100	TEST 2 → 0.099	TEST 3 → 0.100
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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	(0-04)	(.05-.09)	(.10-.14)	(.15-.19)	OVER .19
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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).

CALIBRATED UNIT AND PLACED BACK IN SERVICE. INSTRUMENT AND SIMULATOR OPERATING ACCORDING TO DHSS SPECIFICATIONS.

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME BRIAN M. LUTMER
TYPE II PERMIT NUMBER/EXPIRATION DATE 230031 02/10/2015	TELEPHONE NUMBER (573) 840-9140

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
PORTAGEVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201298
05/15/14
14:12

----- 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:;<=>?@ABCDEFGHI
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefgijklmno
pqrstuvwxyz{|}~>

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD OH 44901 PHONE 1-800-800-8143 (NPAS)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
PORTAGEVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201298
05/15/14

TESTING OFFICER:
LUTHER/DKLAN/M
OFFICER I.D.#
PERMIT NUMBER: 230031
EXPIRATION DATE: 02/10/15
MISCELLANEOUS DATA:
GUTH 14110

----- SUPERVISOR MODE -----

BLANK TEST	.000	14:14
INTERNAL STANDARD	VERIFIED	14:14
EXTERNAL STANDARD	.100	14:15
BLANK TEST	.000	14:15
EXTERNAL STANDARD	.099	14:16
BLANK TEST	.000	14:16
EXTERNAL STANDARD	.100	14:17
BLANK TEST	.000	14:17

N = 3
SIM. = .1
AVG. = .0996

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
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FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
PORTAGEVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201296
05/15/14

ARREST TIME: 11:11
SUBJECT NAME:
RF1
DOB: 11/11/11 SEX: M
STATE/D.L.L.: MO/
ARRESTING OFFICER:
LUTKEN
OFFICER I.D.#
TESTING OFFICER:
LUTKEN/ENHBY/M
OFFICER I.D.#
PERMIT NUMBER: 230031
EXPIRATION DATE: 02/10/15
MISCELLANEOUS DATA:
RF1 TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	14:38
INTERNAL STANDARD	VERIFIED	14:38
KNOW INTERFERENCE		

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD OH 44901 PHONE 1-800-800-8143 (NPAS)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
PORTAGEVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201296
05/15/14

ARREST TIME: 11:11
SUBJECT NAME:
TEST
DOB: 11/11/11 SEX: M
STATE/D.L.L.: MO/
ARRESTING OFFICER:
LUTKEN
OFFICER I.D.#
TESTING OFFICER:
LUTKEN
OFFICER I.D.#
PERMIT NUMBER: 230031
EXPIRATION DATE: 02/10/15
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	14:32
INTERNAL STANDARD	VERIFIED	14:33
SUBJECT SAMPLE	.100	14:33
BLANK TEST	.000	14:34

6 seconds

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD OH 44901 PHONE 1-800-800-8143 (NPAS)



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

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PERMIT
TYPE II
BRIAN M LUTMER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

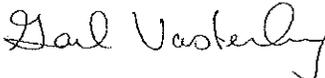
**DATAMASTER, INTOX DMT, INTOXILYZER 5000, INTOXILYZER
 8000, ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 2/10/2013


 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230031


 ,acting director

EXPIRES 2/10/2015

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 **14110** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **May 5, 2014**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1206%** (w/vol) ethyl alcohol. The expiration date for this lot number is **May 1, 2016** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 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 FNI22211-02 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.



Missouri Department of Health and Senior Services
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466
 Margaret T. Donnelly
 Director



Jeremiah W. (Jay) Nixon
 Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Agency: DHSS
 Serial Number: DR5786
 Manufacturer: Guth
 Model Number: 2100

CALIBRATION RESULTS

<u>Reference Temperature</u>	<u>Simulator Temperature</u>
34.02	34.0

This calibration was performed with
 NIST-Traceable Thermometer SN: 304447

This calibration was performed by: Brian M. Lutmer

This calibration was performed: 05/15/2014

COPY OF CALIBRATION STICKER

This simulator has been calibrated according to DHSS specifications

	SIMULATOR SERIAL NO.:	<u>DR5786</u>
	EXPIRATION DATE:	<u>05/15/2015</u>
	DATE OF CALIBRATION:	<u>05/15/2014</u>
	NIST REF. THERM. SERIAL NO.:	<u>304447</u>
	AVERAGE SIM. TEMP:	<u>34.02 C</u>
	ANALYST INITIALS:	<u>BML</u>