



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

DATAMASTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 3:26 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 201299	NAME OF AGENCY Glendale Police Department	DATE OF INSPECTION 05/01/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Glendale Police Department, 424 N. Sappington Road, Glendale, MO 63122		TIME OF INSPECTION 4:28 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>05/01/14 16:28</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, Inc.</u> LOT # <u>13100</u> EXP. DATE <u>04/23/2015</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD2291</u> EXP. DATE <u>07/10/2014</u>	
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1 .100	TEST 2 .099	TEST 3 .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	1	(.0-.04)	1	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	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).

Instrument operates within Department of Health specifications.

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Captain Robert A. Catlett, Jr.
TYPE II PERMIT NUMBER/EXPIRATION DATE 230014 02/08/2015	TELEPHONE NUMBER (314) 965-0000

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
GLENDALE POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 201299
05/01/14
16:28

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HERTERS
SAMPLE CHAMBER: 49c
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY
PRINTER TEST
!@#%&'()*+,-./0123456789:;<=>?@BCDEFG
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefgijklmnop
pqrstuvwxyz{|}~

Operator Signature 
2208-02

Face This Side Down - This Edge In First
BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
GLENDALE POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 201299
05/01/14

TESTING OFFICER:

CATLETT/ROBERT/H
OFFICER I.D.: 193
PERMIT NUMBER: 230014
EXPIRATION DATE: 02/08/15
MISCELLANEOUS DATA:
MONTHLY MAINTENANCE REPORT
MAY 2014

--- SUPERVISOR MODE ---

BLANK TEST .000 16:37
INTERNAL STANDARD 16:37
EXTERNAL STANDARD 16:38
BLANK TEST .100 16:38
EXTERNAL STANDARD .000 16:38
BLANK TEST .099 16:39
INTERNAL STANDARD .000 16:39
EXTERNAL STANDARD .100 16:40
BLANK TEST .000 16:40
N = 3
SIM. = .1
RWS. = .0996

Operator Signature 
2208-02

Face This Side Down - This Edge In First
BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
GLENDALE POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 201299
05/01/14

ARREST TIME: 16:00

SUBJECT NAME:
TEST
JOB: 01/01/01 SEX: M
STATE/D.L.: MO/TEST
ARRESTING OFFICER:
TEST
OFFICER I.D.: TEST
TESTING OFFICER:
CATLETT/ROBERT/H
OFFICER I.D.: 193
PERMIT NUMBER: 230014
EXPIRATION DATE: 02/08/15
MISCELLANEOUS DATA:
MONTHLY MAINTENANCE REPORT
RFI TEST - MAY 2014

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Operator Signature 
2208-02



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-6470

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 AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM



**PERMIT
 TYPE II**

ROBERT A CATLETT JR

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

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 02/08/2013

NUMBER 230014

EXPIRES 02/08/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES