



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

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 in service.
 Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

RECEIVED
 By Carol Day at 8:24 am, Jun 03, 2014

DATAMASTER SN 202091	NAME OF AGENCY Directorate of Emergency Services	DATE OF INSPECTION 06/03/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) Bldg 1000, Fort Leonard Wood	TIME OF INSPECTION 0621
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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) 06/03/14 / 0621
<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 50 °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 # 13010 EXP. DATE 01/09/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN DR5376 EXP. DATE 04/22/2014

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 # .100	TEST 2 # .101	TEST 3 # .102
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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) 0	(.10-.14) 0	(.15-.19) 0	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).

TESTED AND CERTIFIED AS WITHIN GUIDELINES ESTABLISHED BY DHSS.

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME ROBERT ISHMAEL
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TYPE II PERMIT NUMBER/EXPIRATION DATE 230001 01/08/2015	TELEPHONE NUMBER (573) 596-1074
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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

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

FORT LEONARD MOOD
DIRECTORATE OF EMERGENCY SERVICES
BAC DATAMASTER SERIAL NUMBER 282051
06/03/14

TESTING OFFICER:
ISHMAEL/ROBERT
OFFICER I.D.: 18740
PERMIT NUMBER: 230001
EXPIRATION DATE: 01/08/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST .000 06:45
INTERNAL STANDARD .100 06:45
EXTERNAL STANDARD .100 06:46
BLANK TEST .000 06:45
EXTERNAL STANDARD .101 06:47
BLANK TEST .000 06:47
EXTERNAL STANDARD .102 06:48
BLANK TEST .000 06:48

N = 3
SIM. = .1
AVG. = .101

OPERATOR SIGNATURE 

Card Stock No.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

FORT LEONARD MOOD
DIRECTORATE OF EMERGENCY SERVICES
BAC DATAMASTER SERIAL NUMBER 282051
06/03/14

ARREST TIME: 01:00
SUBJECT NAME:
NA
DOB: 01/01/01 SEX: M
STATE/D.L.: NA/NA
ARRESTING OFFICER:
NA

OFFICER I.D.: NA
TESTING OFFICER:
ISHMAEL/ROBERT
OFFICER I.D.: 18740
PERMIT NUMBER: 230001
EXPIRATION DATE: 01/08/15
MISCELLANEOUS DATA:
RFI/TEST

--- BREATH ANALYSIS ---

BLANK TEST .000 06:51
INTERNAL STANDARD .000 06:51
RADIO INTERFERENCE

OPERATOR SIGNATURE 

Card Stock No.



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



PERMIT
TYPE II

ROBERT ALAN ISHMAEL

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 01/08/2013

NUMBER 230001

EXPIRES 01/08/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
 Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 560-0771 (6-10)

LAB-4 (R6-10)



GUTH LABORATORIES, INC.

890 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 **13010** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **January 14, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1218%** (w/vol) ethyl alcohol. The expiration date for this lot number is **January 9, 2015** 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 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.