



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

RECEIVED 2/2/14-CD REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days) or
 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.

REVIEWED
 By Carol Day at 9:38 am, Feb 10, 2014

DATAMASTER SN 202097	NAME OF AGENCY EUREKA P.D.	DATE OF INSPECTION 1-27-14
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LOCATION OF INSTRUMENT (STREET AND CITY) 120 CITY HALL DRIVE, EUREKA, MO 63025	TIME OF INSPECTION 0620 HOURS
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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) 01/27/14 06:24
<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 _____ °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** LOT # **13010** EXP. DATE **1-9-15**

SIMULATOR TEMP (34°C ± 0.2°C) **34.0** °C SIMULATOR SN **SD1371** EXP. DATE **10-11-14**

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 • .103	TEST 2 • .103	TEST 3 • .104
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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 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).

THIS INSTRUMENT IS OPERATING WITHIN THE DEPARTMENT OF HEALTH AND SENIOR SERVICES SPECIFICATIONS.

INSPECTING OFFICER

SIGNATURE <i>[Signature]</i>	PRINT FULL NAME P.O. TIM GRAHAM DSN 61
TYPE II PERMIT NUMBER/EXPIRATION DATE 230220 / 10-17-2015	TELEPHONE NUMBER 636 938 6601

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 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°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.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
EUREKA POLICE DEPARTMENT

GRU: DATAMASTER SERIAL NUMBER 202097
01/27/14
M6124

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HEATERS
SAMPLE CHAMBER: 50c
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHI
JKLMNOPQRSTUVWXYZ[\]^_`abcdefgijklmnop
qrstuvwxyz{|}~"

OPERATOR SIGNATURE



Card Stock No.
60021

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
FLUREKA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER: 002097
01/27/14

TESTING OFFICER:
BROHAM/TIM/S
OFFICER I.D. #: 61
PERMIT NUMBER: 230220
EXPIRATION DATE: 10/17/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	06:20
INTERNAL STANDARD	VERIFIED	06:26
EXTERNAL STANDARD	.103	06:27
BLANK TEST	.000	06:28
EXTERNAL STANDARD	.103	06:28
BLANK TEST	.000	06:29
EXTERNAL STANDARD	.104	06:29
BLANK TEST	.000	06:30

R = 0
SIM. = .11
BVG. = .1003

OPERATOR SIGNATURE



Card Stock No.
60021

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
EUREKA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 200097
01/27/14

ARREST TIME: 05:45
SUBJECT NAME:
SIMULATED
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/17345
ARRESTING OFFICER:
GRAHAM/TIM/S
OFFICER I.D.: 61
TESTING OFFICER:
GRAHAM/TIM/S
OFFICER I.D.: 61
PERMIT NUMBER: 230220
EXPIRATION DATE: 10/17/15
MISCELLANEOUS DATA:
REF

--- BREATH ANALYSIS ---

BLANK TEST	.000	06:33
INTERNAL STANDARD	VERIFIED	06:33
RADIO INTERFERENCE		

OPERATOR SIGNATURE



Card Stock No.
60021

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



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

2

**PERMIT
 TYPE II**

TIMOTHY S GRAHAM

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

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 10/17/2013

NUMBER 230220

EXPIRES 10/17/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO.693.0771 (6-10)

LAB-4 (RS-10)



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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator GRAHAM, TIMOTHY
 Permit No 230220
 Date Issued 10/17/2013 Date Expires 10/17/2015