



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

RECEIVED

By Carol Day at 12:34 pm, Feb 04, 2014

REPORT #8

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 203008	NAME OF AGENCY MARYLAND HEIGHTS PD	DATE OF INSPECTION 01/24/2014			
LOCATION OF INSTRUMENT (STREET AND CITY) 11911 DORSETT RD., MARYLAND HEIGHTS MO 63043		TIME OF INSPECTION 2:16 am			
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) 01/24/2014 @ 0216 HRS			
<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 # 12100 EXP. DATE 07/18/2014					
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD2240 EXP. DATE 08/21/2014					
<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 → .101%	TEST 2 → .102%	TEST 3 → .102%			
<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED) <i>WT 38</i>					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT (DO NOT INCLUDE SELF-ADMINISTERED TESTS)					
REFUSALS 3	(.0-.04) 0	(.05-.09) 1	(.10-.14) 3	(.15-.19) 5	OVER .19
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). MEETS DHSS SPECIFICATIONS, JRS24					
INSPECTING OFFICER					
SIGNATURE <i>James Schnurr</i>			PRINT FULL NAME JAMES SCHNURR		
TYPE II PERMIT NUMBER/EXPIRATION DATE 220095 04/12/2014			TELEPHONE NUMBER (314) 298-8700		
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 57th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-684-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 12100 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 20, 2012, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1217% (w/vol) ethyl alcohol. The expiration date for this lot number is July 18, 2014 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
MARYLAND HEIGHTS POLICE DEPARTMENT
BAC DATAMASTER SERIAL NUMBER 200008
01/24/14
02:16

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	43c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

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

Operator Signature



Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
MARYLAND HEIGHTS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 203008
01/24/14

TESTING OFFICER:
SCHNURR/JAMES
OFFICER I.D.: 24
PERMIT NUMBER: 220095
EXPIRATION DATE: 04/12/14
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	02:19
INTERNAL STANDARD	VERIFIED	02:19
EXTERNAL STANDARD	.101	02:19
BLANK TEST	.000	02:20
EXTERNAL STANDARD	.102	02:20
BLANK TEST	.000	02:21
EXTERNAL STANDARD	.102	02:21
BLANK TEST	.000	02:22

M = 3
SIM. = .1
AVG. = .1016

Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
MARYLAND HEIGHTS POLICE DEPARTMENT
BAC DATAMASTER SERIAL NUMBER 203008
01/24/14

ARREST TIME: 00:00
SUBJECT NAME:
RFI/TEST
DOB: 11/11/11 SEX: M
STATE/D.L.: MO/NA
ARRESTING OFFICER:
NA
OFFICER I.D. #
TESTING OFFICER:
SCHNURR/JAMES
OFFICER I.D. # 24
PERMIT NUMBER: 220095
EXPIRATION DATE: 04/12/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST
INTERNAL STANDARD
RADIO INTERFERENCE

.000 02:25
VERIFIED 02:25

Operator Signature



2206-02

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



JAMES R SCHNURR

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

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 04/12/2012

Number 220095

Expires 04/12/2014

MO 880-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)