



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

RECEIVED
 By Carol Day at 1:05 pm, Aug 14, 2014 #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 203029	NAME OF AGENCY MARYLAND HEIGHTS PD	DATE OF INSPECTION 08/04/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 11911 DORSETT RD., MARYLAND HEIGHTS MO 63043		TIME OF INSPECTION 11:40 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>08/04/2014 @ 23:40 hrs.</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>50°C</u>	<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>13010</u> EXP. DATE <u>01/09/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD2240</u> EXP. DATE <u>05/13/2015</u>

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 <input checked="" type="checkbox"/> .096%	TEST 2 <input checked="" type="checkbox"/> .098%	TEST 3 <input checked="" type="checkbox"/> .098%
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PERFORM R.F.I. TEST (PRINTOUT ATTACHED) *WT 32*

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)	0	(.05-.09)	0	(.10-.14)	1	(.15-.19)	3	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).
 Meets DHSS specifications, jrs24 / Last maintenance on this unit for MHPD. Turning instrument back to DHSS via the MO Safety Center.

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME James R Schnurr
TYPE II PERMIT NUMBER/EXPIRATION DATE 240250 / 05/19/2016	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

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
MARYLAND HEIGHTS POLICE DEPARTMENT
BAC DATAMASTER SERIAL NUMBER 203029
08/04/14
23:40

--- 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:;<=>?@ABCDEFGH
IJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnop
pqrstuvwxyz{|}~

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 203029
08/04/14

TESTING OFFICER:
SCHNURR/JAMES
OFFICER I.D.: 024
PERMIT NUMBER: 240250
EXPIRATION DATE: 05/19/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	23:43
INTERNAL STANDARD	VERIFIED	23:43
EXTERNAL STANDARD	.096	23:43
BLANK TEST	.000	23:44
EXTERNAL STANDARD	.098	23:44
BLANK TEST	.000	23:45
EXTERNAL STANDARD	.098	23:45
BLANK TEST	.000	23:46

N = 3
SIM. = .1
AVG. = .0973

Operator Signature



2208-02

Face This Side Down -- This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
MARYLAND HEIGHTS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 203029
08/04/14

ARREST TIME: 22:00
SUBJECT NAME:
TEST/RFI
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: 240250
EXPIRATION DATE: 05/19/16
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	23:49
INTERNAL STANDARD	VERIFIED	23:49
RADIO INTERFERENCE		

Operator Signature



2208-02



GUTH LABORATORIES, INC.

680 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-684-5470

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.



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

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PERMIT
TYPE II

JAMES R SCHNURR

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 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 5/19/2014

NUMBER 240250

EXPIRES 5/19/2016

W. W. S.

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Sharl Vesterly

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES