



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

RECEIVED
 By Carol Day at 4:19 pm, Apr 23, 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 203040	NAME OF AGENCY Aurora Police Department	DATE OF INSPECTION 04/09/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 106 S. Elliott, Aurora, MO 65605		TIME OF INSPECTION 3:01 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) 04/09/14 1501
<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	LOT # 13100 EXP. DATE 04/23/2015
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34 °C	SIMULATOR SN 502258 EXP. DATE 04/30/2012
<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 → .103
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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	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).
 None

INSPECTING OFFICER	
SIGNATURE A.R. Vaughan	PRINT FULL NAME A.R. Vaughan
TYPE II PERMIT NUMBER/EXPIRATION DATE 220113 05/09/14	TELEPHONE NUMBER (417) 678-5025

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.

590 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 **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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 3%**.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
ALCOHOL POLICE DEPARTMENT

NOI DEPARTMENT SERIAL NUMBER 2003240
04/09/14

PRETEST TIME: 14:00
MISSEDOT NAME:
BLANK/TEST

DOB: 10/10/18 SEX: M
STATE/D.L.#: MO/180455
PRETESTING OFFICER:
VAUGHN/R/R

OFFICER I.D.#: 895
TESTING OFFICER:
VAUGHN/R/R

PERMIT NUMBER: 220113
EXPIRATION DATE: 05/09/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 15:12
INTERNAL STANDARD VERIFIED 15:12
SUBJECT SAMPLE .000 15:13
BLANK TEST .000 15:13

OPERATOR SIGNATURE

Card Stock No.
80021

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
ALCOHOL POLICE DEPARTMENT

NOI DEPARTMENT SERIAL NUMBER 2003242
04/09/14

TESTING OFFICER:
VAUGHN/R/R

OFFICER I.D.#: 895
PERMIT NUMBER: 220113
EXPIRATION DATE: 05/09/14
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST .000 15:01
INTERNAL STANDARD VERIFIED 15:01
EXTERNAL STANDARD .101 15:21
BLANK TEST .000 15:02
EXTERNAL STANDARD .102 15:02
BLANK TEST .000 15:03
EXTERNAL STANDARD .103 15:04
BLANK TEST .000 15:05

N = 3
SIR = .1
RVR = .102

OPERATOR SIGNATURE

Card Stock No.
80021

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

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BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
MURKIN POLICE DEPARTMENT

3RD DETROITER SERIAL NUMBER 283848
04/09/14
15195

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HEATERS
SAMPLE CHAMBER: 49%
FLOW DETECTOR: OKAY
PUMP
HIGH SPEEDS: OKAY
DETECTOR: OKAY
FILTERS: OKAY
GURTTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST
!@#%&'()*+,-./0123456789:;<=>?@ABRDEHIS
JKLMNOPQRSTUVWXYZ[\]^_`abcde fghijklmno
pqrstuvwxyz{|}~

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
MURKIN POLICE DEPARTMENT

3RD DETROITER SERIAL NUMBER 283848
04/09/14

PRETEST TIME: 11:08
SUBJECT NAME:

REF/TEST:
DOB: 12/12/10 SEX: M
STATE/D.O.B.: MO/122496
ARRESTING OFFICER:
VALDHAN/R/R
OFFICER I.D.: 895
TESTING OFFICER:
VALDHAN/R/R
OFFICER I.D.: 895
RECEIPT NUMBER: 220113
EXPIRATION DATE: 05/29/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 15:08
INTERVAL STANDARD VERIFIED
READ INTERFERENCE 15:08

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



P E R M I T
TYPE II



AARON R VAUGHAN

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 05/09/2012

Number 220113

Expires 05/09/2014

Director of State Public Health Laboratory

Director, Department of Health