



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

RECEIVED 3/9/14-CD

REVIEWED

REPORT #6

By Carol Day at 4:04 pm, Mar 31, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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 203042	NAME OF AGENCY University of Missouri Police Department	DATE OF INSPECTION 03/04/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 901 Virginia Ave, Columbia		TIME OF INSPECTION 10:19 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) 03/04/14 @ 22:19
<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 # 13290 EXP. DATE 10/29/2015
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ 34.0 _____ °C	SIMULATOR SN DR 1293 EXP. DATE 12/06/2014
<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 <input checked="" type="checkbox"/> .097	TEST 2 <input checked="" type="checkbox"/> .099	TEST 3 <input checked="" type="checkbox"/> .101
---	---	---

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)	1	(.15-.19)	1	OVER .19	0
----------	---	----------	---	-----------	---	-----------	---	-----------	---	----------	---

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).

Instrument was operating satisfactorily and within established limits.

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME Steven H. Verble
TYPE II PERMIT NUMBER/EXPIRATION DATE 230312 12/11/2015	TELEPHONE NUMBER (573) 882-7201

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: 717-664-5470

CERTIFICATE OF ANALYSIS**Certified Alcohol Reference Solution for Simulator**

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 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
UNIVERSITY OF MISSOURI POLICE

BAC DATAMASTER SERIAL NUMBER 203042
03/04/14

TESTING OFFICER:
VERBLE/STEVEN/HENRY
OFFICER I.D.: 36
PERMIT NUMBER: 230312
EXPIRATION DATE: 12/11/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	22:22
INTERNAL STANDARD	VERIFIED	22:22
EXTERNAL STANDARD	.097	22:23
BLANK TEST	.000	22:23
EXTERNAL STANDARD	.099	22:24
BLANK TEST	.000	22:24
EXTERNAL STANDARD	.101	22:25
BLANK TEST	.000	22:25

N = 3
SIM. = .1
AVG. = .099

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
UNIVERSITY OF MISSOURI POLICE

BAC DATAMASTER SERIAL NUMBER 203042
03/04/14
22:19

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS 49C

SAMPLE CHAMBER: OKAY

FLOW DETECTOR: OKAY

PUMP OKAY

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

```
! " # % & ' ( ) * + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ _ ` a b c d e f g h i j k l m n o
p q r s t u v w x y z { | } ~ +
```

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
UNIVERSITY OF MISSOURI POLICE

BAC DATAMASTER SERIAL NUMBER 203042
03/04/14

ARREST TIME: 22:00
SUBJECT NAME: RFI/TEST
DOB: 03/04/14 SEX: M
STATE/D.L.: MO/N/A
ARRESTING OFFICER: N/A
OFFICER I.D.: N/A
TESTING OFFICER: VERBLE/STEVEN/HENRY
OFFICER I.D.: 36
PERMIT NUMBER: 230312
EXPIRATION DATE: 12/11/15
MISCELLANEOUS DATA: R.F.I. TEST

--- BREATH ANALYSIS ---

BLANK TEST .000 22:28
INTERNAL STANDARD VERIFIED 22:28
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
UNIVERSITY OF MISSOURI POLICE

BAC DATAMASTER SERIAL NUMBER 203042
03/04/14

ARREST TIME: 22:00
SUBJECT NAME: BLANK/TEST
DOB: 03/04/14 SEX: M
STATE/D.L.: MO/N/A
ARRESTING OFFICER: N/A
OFFICER I.D.: N/A
TESTING OFFICER: VERBLE/STEVEN/HENRY
OFFICER I.D.: 36
PERMIT NUMBER: 230312
EXPIRATION DATE: 12/11/15
MISCELLANEOUS DATA: BLANK TEST

--- BREATH ANALYSIS ---

BLANK TEST .000 22:30
INTERNAL STANDARD VERIFIED 22:30
SUBJECT SAMPLE .000 22:31
BLANK TEST .000 22:32

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



**PERMIT
TYPE II**

STEVEN H VERBLE

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 12/11/2013

NUMBER 230312

EXPIRES 12/11/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R5-10)

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 VERBLE, STEVEN
Permit No 230312
Date Issued 12/11/2013 Date Expires 12/11/2015