



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

RECEIVED REPORT #6
 By Carol Day at 12:27 pm, Apr 08, 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 203042	NAME OF AGENCY University of Missouri Police Department	DATE OF INSPECTION 04/05/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 901 Virginia Ave, Columbia		TIME OF INSPECTION 4:18 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) 04/05/2014 1622
<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 Labs LOT # 13290 EXP. DATE 10/29/2015
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN DR1293 EXP. DATE 12/06/2014

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 0.095	TEST 2 0.098	TEST 3 0.099
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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	3	(0-.04)	0	(.05-.09)	3	(.10-.14)	4	(.15-.19)	3	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).

Instrument was operating within Department of Health Regulations.

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME Jennifer Lynch
TYPE II PERMIT NUMBER/EXPIRATION DATE 230257 11/21/2015	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.

680 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

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
04/05/14

ARREST TIME: 16:00
SUBJECT NAME: RADIO/FREQUENCY/TEST
DOB: 04/05/99 SEX: M
STATE/D.L.: NA/NA
ARRESTING OFFICER: NA
OFFICER I.D.: NA
TESTING OFFICER: LYNCH/JENNIFER/ANN
OFFICER I.D.: 14
PERMIT NUMBER: 230257
EXPIRATION DATE: 11/21/15
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

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
04/05/14

ARREST TIME: 16:00
SUBJECT NAME: TEST
DOB: 04/04/99 SEX: F
STATE/D.L.: NA/NA
ARRESTING OFFICER: NA
OFFICER I.D.: NA
TESTING OFFICER: LYNCH/JENNIFER/ANN
OFFICER I.D.: 14
PERMIT NUMBER: 230257
EXPIRATION DATE: 11/21/15
MISCELLANEOUS DATA:

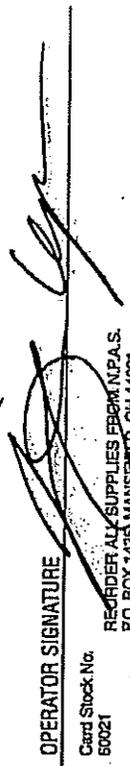
--- BREATH ANALYSIS ---

BLANK TEST .000 16:33
INTERNAL STANDARD VERIFIED 16:33
SUBJECT SAMPLE .000 16:34
BLANK TEST .000 16:34

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
04/05/14
16:22

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS
SAMPLE CHAMBER: 49C

FLOW DETECTOR: OKAY

PUMP
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

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

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM NPA.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
04/05/14

TESTING OFFICER:

LYNCH/JENNIFER/ANN
OFFICER I.D.: 14

PERMIT NUMBER: 230257

EXPIRATION DATE: 11/21/15

MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	16:25
INTERNAL STANDARD	VERIFIED	16:26
EXTERNAL STANDARD	.095	16:26
BLANK TEST	.000	16:27
EXTERNAL STANDARD	.098	16:27
BLANK TEST	.000	16:28
EXTERNAL STANDARD	.099	16:28
BLANK TEST	.000	16:29

N = 3

SIM. = .1

AVG. = .0973

OPERATOR SIGNATURE

Card Stock No.
60021

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





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

2

**PERMIT
TYPE II**

JENNIFER LYNCH

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 11/21/2013

NUMBER 230257

EXPIRES 11/21/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 560-0771 (6-10)

LAB-4 (16-10)

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 **LYNCH, JENNIFER**
Permit No **230257**
Date issued **11/21/2013** Date Expires **11/21/2015**