



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

REPORT #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 <u>203045</u> | NAME OF AGENCY <u>Platte County Sheriff</u> | DATE OF INSPECTION <u>01/06/14</u> |
| LOCATION OF INSTRUMENT (STREET AND CITY) <u>415 Third Street Platte City, MO 64079</u> | | TIME OF INSPECTION <u>2124</u> |

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>01/06/14 2125</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</u> °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 <u>Guth Laboratories</u> LOT # <u>13210</u> EXP. DATE <u>7/29/15</u> | |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>093752 SD2780</u> EXP. DATE <u>4/25/14</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 • <u>.099</u> | TEST 2 • <u>.099</u> | TEST 3 • <u>.099</u> |
|----------------------|----------------------|----------------------|

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 <u>4</u> | (0-.04) <u>3</u> | (.05-.09) <u>3</u> | (.10-.14) <u>3</u> | (.15-.19) <u>1</u> | OVER .19 <u>0</u> |
|-------------------|------------------|--------------------|--------------------|--------------------|-------------------|

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).

| | |
|---|--|
| INSPECTING OFFICER | |
| SIGNATURE <u>[Signature]</u> | PRINT FULL NAME <u>Walter Nichols</u> |
| TYPE II PERMIT NUMBER/EXPIRATION DATE <u>230230 10/17/15</u> | TELEPHONE NUMBER <u>(816) 858-2924</u> |
| 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: 717-664-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13210 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is July 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
PLATTE COUNTY SHERIFF DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 203045
01/06/14

ARREST TIME: 20:00
SUBJECT NAME:
DOE/JOHN/A
DOB: 01/01/80 SEX: M
STATE/D.L.: MO/122456789
ARRESTING OFFICER:
NICHOLS/WALTER/E
OFFICER I.D.: 136
TESTING OFFICER:
NICHOLS/WALTER/E
OFFICER I.D.: 136
PERMIT NUMBER: 230230
EXPIRATION DATE: 10/17/15
MISCELLANEOUS DATA:
MONTHLY MAINTENANCE TEST

---- BREATH ANALYSIS ----

| | | |
|--------------------|----------|-------|
| BLANK TEST | .000 | 21:36 |
| INTERNAL STANDARD | VERIFIED | 21:36 |
| RADIO INTERFERENCE | | |

Operator Signature

Walter E Nichols 136

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
PLATTE COUNTY SHERIFF DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 203045
- 01/06/14
21:25

--- 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:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopqr
stuvwxyz{|}~"

Operator Signature

Walt White 136

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
PLATTE COUNTY SHERIFF DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 203045
01/06/14

TESTING OFFICER:
NICHOLS/WALTER/E
OFFICER I.D.: 136
PERMIT NUMBER: 230230
EXPIRATION DATE: 10/17/15
MISCELLANEOUS DATA:
MONTHLY MAINTENANCE REPORT

--- SUPERVISOR MODE ---

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 21:28 |
| INTERNAL STANDARD | VERIFIED | 21:28 |
| EXTERNAL STANDARD | .099 | 21:29 |
| BLANK TEST | .000 | 21:30 |
| EXTERNAL STANDARD | .099 | 21:31 |
| BLANK TEST | .000 | 21:31 |
| EXTERNAL STANDARD | .099 | 21:32 |
| BLANK TEST | .000 | 21:33 |

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

Operator Signature

Walter E. Nichols 136



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

2

PERMIT
TYPE II
WALTER NICHOLS

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 DMT, ALCO-SENSOR IV W/PRINTER

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 10/17/2013

NUMBER 230230

EXPIRES 10/17/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (5-10)

LAB-4 (R6-10)

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 NICHOLS, WALTER
 Permit No 230230
 Date Issued 10/17/2013 Date Expires 10/17/2015