



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

RECEIVED
 By Carol Day at 3:53 pm, Mar 20, 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 203051	NAME OF AGENCY PEVELY POLICE DEPARTMENT	DATE OF INSPECTION 03-12-14
LOCATION OF INSTRUMENT (STREET AND CITY) 401 MAEN ST PEVELY, MO 63070		TIME OF INSPECTION 1120

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) 03/12/14 e/1120
<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 50 °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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER **GUTH LABS** LOT # **13290** EXP. DATE **10-29-15**

SIMULATOR TEMP (34°C ± 0.2°C) **34** °C SIMULATOR SN **S02298** EXP. DATE **09-16-14**

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 • .097	TEST 2 • .099	TEST 3 • .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) 0	(.10-.14) 4	(.15-.19) 0	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).

INSPECTING OFFICER

SIGNATURE [Signature]	PRINT FULL NAME CHARLES A MOUNTAIN
TYPE / PERMIT NUMBER/EXPIRATION DATE 230206 09-23-15	TELEPHONE NUMBER 676-475-5361

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: 717-564-5470.

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
PEVELY POLICE DEPARTMENT

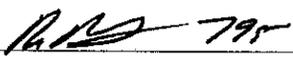
BAC DATAMASTER SERIAL NUMBER 203051
03/12/14

TESTING OFFICER:
MOUTRAY/C
OFFICER I.D.: 795
PERMIT NUMBER: 230206
EXPIRATION DATE: 09/23/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	11:24
INTERNAL STANDARD	VERIFIED	11:24
EXTERNAL STANDARD	.097	11:24
BLANK TEST	.000	11:25
EXTERNAL STANDARD	.099	11:26
BLANK TEST	.000	11:26
EXTERNAL STANDARD	.099	11:27
BLANK TEST	.000	11:28

N = 3
SIM. = .1
AVG. = .0983

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 FI

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
PEVELY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 203051
03/12/14
11:20

--- 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:;<=>?@ABCDEF
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopq
rstuvwxyz{|}~

OPERATOR SIGNATURE 

Card Stock No.
60021
REORDER ALL SUPPLIES FROM N.P.A.S.
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FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
PEVELY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 203051
03/12/14

ARREST TIME: 03:00
SUBJECT NAME:
RFI/TEST
DOB: 11/11/01 SEX: M
STATE/D.L.: NA/123456789
ARRESTING OFFICER:
MOUTRAY/C
OFFICER I.D.: 795
TESTING OFFICER:
MOUTRAY/C
OFFICER I.D.: 795
PERMIT NUMBER: 230206
EXPIRATION DATE: 09/23/15
MISCELLANEOUS DATA:
BLANK TEST
RFT TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	11:33
INTERNAL STANDARD	VERIFIED	11:33
RADIO INTERFERENCE		

OPERATOR SIGNATURE

RMS 795

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

CHARLES A MOUTRAY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and maintain 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 9/23/2013

NUMBER 230206

EXPIRES 9/23/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Gail Vosterly, acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-



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 **MOUTRAY, CHARLES**
Permit No **230206**
Date issued **9/23/2013** Date Expires **9/23/2015**