



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

RECEIVED
 By Carol Day at 3:38 pm, May 07, 2014

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 203053 | NAME OF AGENCY Hallsville Police Department | DATE OF INSPECTION 04/30/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 202 Highway 124 East, Hallsville, MO 65255 | | TIME OF INSPECTION 3:51 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) 04/30/14 15:51 |
| <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 |

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER Guth Laboratories, Inc LOT # 13100 EXP. DATE 04/23/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN 093752 EXP. DATE 07/23/2014

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 .098 | TEST 2 .101 | TEST 3 .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) | 1 | (.10-.14) | 0 | (.15-.19) | 0 | 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 is operating satisfactory.

INSPECTING OFFICER

| | |
|--|------------------------------------|
| SIGNATURE | PRINT FULL NAME Edward Fields |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 240033 02/11/2016 | TELEPHONE NUMBER (573) 696-3838 |

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

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
HALLSVILLE POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 203053
04/30/14

ARREST TIME: 15:45
SUBJECT NAME:
TEST/TEST/T
DOB: 06/06/66 SEX: F
STATE/D.L.: MO/12345
ARRESTING OFFICER:
FIELDS/EDWARD
OFFICER I.D.: 9014
TESTING OFFICER:
FIELDS/EDWARD
OFFICER I.D.: 9014
PERMIT NUMBER: 240033
EXPIRATION DATE: 02/11/16
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 16:03
INTERNAL STANDARD VERIFIED 16:03
RADIO INTERFERENCE

Operator Signature

2208-02

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
HALLSVILLE POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 203053
04/30/14

TESTING OFFICER:
FIELDS/EDWARD
OFFICER I.D.: 9014
PERMIT NUMBER: 240033
EXPIRATION DATE: 02/11/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST .000 15:57
INTERNAL STANDARD VERIFIED 15:57
EXTERNAL STANDARD .098 15:57
BLANK TEST .000 15:58
EXTERNAL STANDARD .101 15:58
INTERNAL STANDARD .000 15:59
EXTERNAL STANDARD .101 16:00
BLANK TEST .000 16:00

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

Operator Signature

2208-02

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
HALLSVILLE POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 203053
04/30/14
15:51

--- 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:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnop
qrs tuvwxyz{|}~

Operator Signature

2208-02



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%**.

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.



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

2

**PERMIT
 TYPE II**

EDWARD A FIELDS

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 2/11/2014

NUMBER 240033

EXPIRES 2/11/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES