



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

RECEIVED
 By Carol Day at 8:39 am, May 30, 2014

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 05/29/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 202 Highway 124 East, Hallsville, MO 65255		TIME OF INSPECTION 3:00 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) 05/29/14 & 15:02
<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 # 14030 EXP. DATE 01/20/2016

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 .098	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	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	1	OVER .19	0
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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 is operating satisfactory.

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Edward Fields
TYPE II PERMIT NUMBER/EXPIRATION DATE 2240033 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

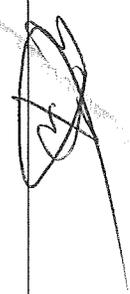
BAC DataMaster

Evidence Ticket

STATE OF MISSOURI
HALLSVILLE POLICE DEPARTMENT
BAC DATAMASTER SERIAL NUMBER 203053
05/29/14

ARREST TIME: 13:00
SUBJECT NAME:
TEST/TEST
DOB: 06/06/66 SEX: M
STATE/D.L.: MO/122345
ARRESTING OFFICER:
FIELDS/EDWARD
OFFICER I.D.: 9014
TESTING OFFICER:
FIELDS/EDWARD
OFFICER I.D.: 9014
PERMIT NUMBER: 240333
EXPIRATION DATE: 02/11/16
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---
BLANK TEST .000 15:28
INTERNAL STANDARD VERIFIED 15:28
RADIO INTERFERENCE

Operator Signature 
2209-02

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI
HALLSVILLE POLICE DEPARTMENT
BAC DATAMASTER SERIAL NUMBER 203053
05/29/14

TESTING OFFICER:
FIELDS/EDWARD
OFFICER I.D.: 9014
PERMIT NUMBER: 240333
EXPIRATION DATE: 02/11/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---
BLANK TEST .000 15:06
INTERNAL STANDARD VERIFIED 15:06
EXTERNAL STANDARD .098 15:06
BLANK TEST .000 15:07
EXTERNAL STANDARD .098 15:08
BLANK TEST .000 15:08
INTERNAL STANDARD .099 15:09
BLANK TEST .000 15:09

SIM. = .1
AWG. = .0983

Operator Signature 
2209-02

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI
HALLSVILLE POLICE DEPARTMENT
BAC DATAMASTER SERIAL NUMBER 203053
05/29/14
15:02

--- 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:;<=>?@AB CDEFG
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefgijklmnop
qrstuvwxyz{|}~*"

Operator Signature 
2209-02



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 **14030** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **January 22, 2014**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1215%** (w/vol) ethyl alcohol. The expiration date for this lot number is **January 20, 2016** 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

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**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

LAB-4 (R6-10)