



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
DATAMASTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 10:00 am, Oct 03, 2014

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN: 204002 DATE OF INSPECTION: 09/24/2014
 LOCATION OF INSTRUMENT (STREET AND CITY): 219 E. MAIN STREET, WHEATON, MO 64874 TIME OF INSPECTION: 1046

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

- DIAGNOSTIC CHECK (PRINTOUT ATTACHED)
- COMPUTER DETECTOR
- PROGRAM FILTERS
- HEATERS SAMPLE CHAMBER 48 °C QUARTZ STANDARD
- FLOW DETECTOR CALIBRATION
- PUMP HIGH SPEED PRINTER

INDICATOR LIGHTS

TIME AND DATE

SIMULATOR TEMPERATURE (34 °C ± 0.2°C) 34°C

CALIBRATION CHECK -
 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. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)

- 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
- 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 .100	TEST 2 .100	TEST 3 .102
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PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS 0	(0-.04) 0	(.05-.09) 0	(.10-.14) 0	(.15-.19) 0	(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)

GUTH LABORATORIES Lot# 13280 EXPIRATION DATE: 10-16-2015
0.10% ALCOHOL IN VAPOR CONCENTRATION
INSTRUMENT TESTS WITHIN SPECIFICATIONS OF MISSOURI DOH

INSPECTING OFFICER: Jackie D. Lowe PRINT NAME: JACKIE D. LOWE
 PERMIT NUMBER/EXPIRATION DATE: 240143 04/15/2016 TELEPHONE NUMBER: 417-342-1196



GUTH LABORATORIES, INC.

690 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 13280 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1217% (w/vol) ethyl alcohol. The expiration date for this lot number is **October 16, 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%.

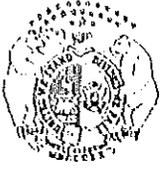
The alcohol and water used in this solution were free of test interfering substances.

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.



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



**PERMIT
TYPE II**

JACKIE D LOWE

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 4/15/2014

NUMBER 240143

EXPIRES 4/15/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 583 (07/11 (16 10))

LAB-3 (116 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 **LOWE, JACKIE**
Permit No **240143**
Date Issued **4/15/2014** Date Expires **4/15/2016**

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI
BPD DRTRMSTR SERIAL NUMBER 204402
09/24/14

TESTING OFFICER:
UNEMPLOYED
OFFICER I.D. #: 701
PERMIT NUMBER: 244140
EXPIRATION DATE: 04/15/16
MISCELLANEOUS INFO:

--- SUPERVISOR MODE ---

BLANK TEST	.000	10:53
INTERNAL STANDARD	VERIFIED	10:53
EXTERNAL STANDARD	.100	10:53
BLANK TEST	.000	10:54
EXTERNAL STANDARD	.100	10:54
BLANK TEST	.000	10:55
EXTERNAL STANDARD	.100	10:55
BLANK TEST	.000	10:56

N = 3
SIM. = .1
RWS. = .1000

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI
BPD DRTRMSTR SERIAL NUMBER 204402
09/24/14
10:46

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (34-07-2009): OKAY

HEATERS:
SAMPLE CHAMBER: 48C

FLOW DETECTOR: OKAY

PUMP
HIGH SPEED: OKAY

DETECTOR: OKAY

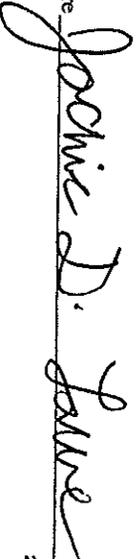
FILTERS: OKAY

SURRTZ STANDARDS: OKAY

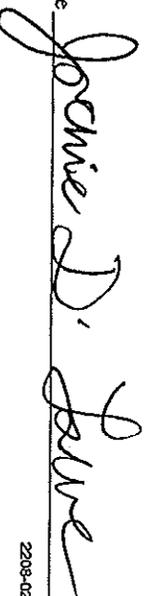
CALIBRATION: OKAY

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

Operator Signature



Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF TEXAS

DEPARTMENT OF TRANSPORTATION

05/24/04

REPORT TYPE: 104100

SUBJECT: 104100

DATE: 05/24/04

STATE: TX COUNTY: TARRANT

REPORTING OFFICER: 104100

NAME:

OPERATOR: 104100

REPORTING OFFICER:

DATE:

REPORTING OFFICER: 104100

--- REPORTING OFFICER ---

REPORTING OFFICER: 104100

Operator Signature

Jocine D. Johnson