



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

RECEIVED
 By Carol Day at 2:15 pm, Feb 21, 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 204010	NAME OF AGENCY Lincoln County Sheriff's Office	DATE OF INSPECTION 02/14/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 65 Business Park Drive, Troy, Missouri 63379		TIME OF INSPECTION 9:49 am

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) 02/14/2014 09:49 AM
<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

<input checked="" type="checkbox"/> INDICATOR LIGHTS
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth Labs (Bottle #637)</u> LOT # <u>12170</u> EXP. DATE <u>09/05/2014</u>

<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C SIMULATOR SN <u>SD2508</u> EXP. DATE <u>02/25/2014</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 .100	TEST 2 .100	TEST 3 .100
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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) 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).

Instrument placed back into service after servicing by Missouri Safety Center

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Sgt. Michael K. Pirtle
TYPE II PERMIT NUMBER/EXPIRATION/DATE 230232 10/17/2015	TELEPHONE NUMBER (636) 528-8546

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

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
LINCOLN COUNTY SHERIFF DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 204010
02/14/14

TESTING OFFICER:

PIRTLE

OFFICER I.D.: 490

PERMIT NUMBER: 230232

EXPIRATION DATE: 10/17/15

MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	09:53
INTERNAL STANDARD	VERIFIED	09:53
EXTERNAL STANDARD	.100	09:53
BLANK TEST	.000	09:54
EXTERNAL STANDARD	.100	09:54
BLANK TEST	.000	09:55
EXTERNAL STANDARD	.100	09:55
BLANK TEST	.000	09:56

N = 3

SIM. = .1

AVG. = .1

erator Signature



Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
LINCOLN COUNTY SHERIFF DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 204910
02/14/14
09:49

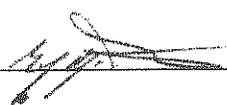
--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-0009):	OKAY
HEATER:	
SAMPLE CHANGER:	4%
FLOW DETECTOR:	OKAY
PUMP:	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
VALVES:	OKAY
CALIBRATION:	OKAY

PRINTER TEST:

!@#%&'()*+,-./0123456789:;<=>?@ABCDEF8
H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` a b c d e f g h i j k l m n o
p q r s t u v w x y z [\] ^ _ `

Operator Signature



**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
LINCOLN COUNTY SHERIFF DEPARTMENT

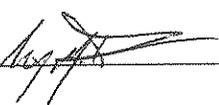
BAC DATAMASTER SERIAL NUMBER 204010
02/14/14

ARREST TIME: 09:00
SUBJECT NAME:
N/A
DOB: 01/01/81 SEX: M
STATE/D.L.: MO/1234
ARRESTING OFFICER:
N/A
OFFICER I.D.:
TESTING OFFICER:
PIRTLE
OFFICER I.D.: 490
PERMIT NUMBER: 230232
EXPIRATION DATE: 10/17/15
MISCELLANEOUS DATA:
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST .000 10:00
INTERNAL STANDARD VERIFIED 10:01
RADIO INTERFERENCE

for Signature



**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
LINCOLN COUNTY SHERIFF DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 204010
02/14/14

ARREST TIME: 09:00
SUBJECT NAME:
N/A
DOB: 01/01/81 SEX: M
STATE/D.L.: MO/1234
ARRESTING OFFICER:
N/A
OFFICER I.D.:
TESTING OFFICER:
PIRTLE
OFFICER I.D.: 490
PERMIT NUMBER: 230232
EXPIRATION DATE: 10/17/15
MISCELLANEOUS DATA:
BLANK TEST

--- BREATH ANALYSIS ---

BLANK TEST .000 10:08
INTERNAL STANDARD VERIFIED 10:09
SUBJECT SAMPLE .000 10:08
BLANK TEST .000 10:09

ator Signature





GUTH LABORATORIES, INC.

520 NORTH 57th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 12170 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 11, 2012, 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 September 5, 2014 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

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**PERMIT
 TYPE II**

MICHAEL K PIRTLE

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 10/17/2013

NUMBER 230232

EXPIRES 10/17/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 PIRTLE, MICHAEL
 Permit No 230232
 Date Issued 10/17/2013 Date Expires 10/17/2015