



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

RECEIVED
 By Carol Day at 3:09 pm, Jun 19, 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 204029 | NAME OF AGENCY MARYVILLE DEPARTMENT OF PUBLIC SAFETY | DATE OF INSPECTION 06/14/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 222 EAST THIRD STREET, MARYVILLE, MO 64468 | | TIME OF INSPECTION 11:05 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) 06/14/14 23:05 |
| <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 LABORATORIES INC. LOT # 14030 EXP. DATE 01/20/2016

SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN SD2281 EXP. DATE 01/10/2015

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 ➡ .098 |
|---------------|---------------|---------------|

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) 6 | (.15-.19) 2 | 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).

DATAMASTER #204029 CONFORMS TO DEPARTMENT OF HEALTH SPECIFICATIONS.

INSPECTING OFFICER

| | |
|---------------|------------------------------------|
| SIGNATURE | PRINT FULL NAME WAYNE L. WILSON |
|---------------|------------------------------------|

| | |
|--|------------------------------------|
| TYPE II PERMIT NUMBER/EXPIRATION DATE 220241 09/07/2014 | TELEPHONE NUMBER (660) 562-3209 |
|--|------------------------------------|

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 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°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



P E R M I T
TYPE II



WAYNE L WILSON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 09/07/2012

Number 220241

Expires 09/07/2014

Director of State Public Health Laboratory

Director, Department of Health

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
MARYVILLE DEPARTMENT OF PUBLIC SAFETY

BAC DATAMASTER SERIAL NUMBER 204029
06/14/14

TESTING OFFICER:
WILSON
OFFICER I.D.: 202
IDENTIFICATION NUMBER: 220241
EXPIRATION DATE: 09-07-14
MISCELLANEOUS DATA:
MONTHLY MAINTENANCE

--- SUPERVISOR MODE ---

| | | |
|-------------------|----------|-------|
| WATER TEST | .000 | 23:07 |
| INTERNAL STANDARD | VERIFIED | 23:07 |
| INTERNAL STANDARD | .030 | 23:08 |
| WATER TEST | .000 | 23:08 |
| INTERNAL STANDARD | .088 | 23:09 |
| WATER TEST | .000 | 23:09 |
| INTERNAL STANDARD | .098 | 23:10 |
| WATER TEST | .000 | 23:10 |

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
MARYVILLE DEPARTMENT OF PUBLIC SAFETY

BAC DATAMASTER SERIAL NUMBER 204029
06/14/14
23:05

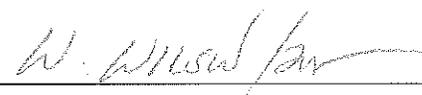
--- W/RANDOMSTTL CHECK ---

| | |
|-----------------------|------|
| 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

! " # \$ % & ' () * + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ 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 [\] ^ _ ` 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



Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
HARRYSVILLE DEPARTMENT OF PUBLIC SAFETY

BAC DATAMASTER SERIAL NUMBER 204029
06/14/14

ARREST TIME: 22:30

SUBJECT NAME:

WILSON

DOB: 11/17/71 SEX: M

STATE/D.L.# MO/123456789

ARRESTING OFFICER:

WILSON

OFFICER I.D.# 292

TESTING OFFICER:

WILSON

OFFICER I.D.# 292

PERMIT NUMBER: 228241

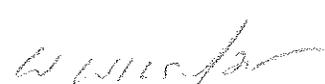
EXPIRATION DATE: 09/07/14

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

| | | |
|--------------------|----------|-------|
| BLANK TEST | .000 | 23:14 |
| INTERNAL STANDARD | VERIFIED | 23:15 |
| RADIO INTERFERENCE | | |

OPERATOR SIGNATURE



Card Stock No.
60021

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P.O. BOX 1435, MANSFIELD, OH 44901