



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

RECEIVED 3/7/14-CD

REVIEWED
 By Carol Day at 4:00 pm, Mar 20, 2014

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 204063	INV# 127190	NAME OF AGENCY MSHP - I	DATE OF INSPECTION 02-28-2014
LOCATION OF INSTRUMENT (STREET AND CITY) PHELPS COUNTY SHERIFF'S DEPARTMENT, 500 W. 2ND ST. ROLLA, MISSOURI		TIME OF INSPECTION 1619	

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) 02-28-14/1619
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM (04-07-2009)	<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 OKAY

INDICATOR LIGHTS **OKAY**

SIMULATOR SOLUTION SUPPLIER **C-7TH LABORATORIES, INC** LOT # **13290** EXP. DATE **10-29-2015**

SIMULATOR TEMP (34°C ± 0.2°C) **34.1°** °C SIMULATOR S/N **C-11078** EXP. DATE **01-09-2015**

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 .103	TEST 2 .103	TEST 3 .103
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PERFORM R.F.I. TEST (PRINTOUT ATTACHED) **PASSED**

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) 1	(.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).
THIS INSTRUMENT OPERATES WITHIN THE DEPT. OF HEALTH & SENIOR SERVICES SPECS.

INSPECTING OFFICER:	
SIGNATURE <i>Steve J. Chloern</i>	PRINT FULL NAME SERGEANT STEVEN J. CHLOERN, 563
TYPE II PERMIT NUMBER/EXPIRATION DATE 220413 / 12-27-2014	TELEPHONE NUMBER (573) 368-2345

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.

890 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **13290** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 31, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1202%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 29, 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



P E R M I T
TYPE II



STEVEN J CHILDERS

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 12/27/2012

Number **220413**

Expires 12/27/2014

Director of State Public Health Laboratory

ACTING DIRECTOR

Director, Department of Health

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 284063
02/28/14

TESTING OFFICER:
CHILDERS/S/PJ
OFFICER I.D.# 563
PERMIT NUMBER: 220413
EXPIRATION DATE: 12/27/14
MISCELLANEOUS DATA:
END OF FEB MAINT. CHECK
UPDATE TO MOHS RULES

--- SUPERVISOR MODE ---

BLANK TEST	.000	16:06
INTERNAL STANDARD	VERIFIED	16:26
EXTERNAL STANDARD	.103	16:27
BLANK TEST	.000	16:28
EXTERNAL STANDARD	.103	16:28
BLANK TEST	.000	16:29
EXTERNAL STANDARD	.103	16:29
BLANK TEST	.000	16:30

n = 3
S.M. = .1
AVG. = .103

OPERATOR SIGNATURE *[Signature]*
Card No.

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

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 284063
02/28/14
16:19

--- DIAGNOSTIC 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

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

OPERATOR SIGNATURE *[Signature]*
Card Stock No.
60021

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

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 2204063
02/29/14

ARREST TIME: 16:00
SUBJECT NAME:
ENDOFFER/MAINT/CHECK
DOB: 02/28/14 SEX: M
STATE/D.L.: MO-F 1234567890
ARRESTING OFFICER:
CHILDERS/S/J
OFFICER I.D.: 563
TESTING OFFICER:
SANE
OFFICER I.D.: SANE
PERMIT NUMBER: 220413
EXPIRATION DATE: 12/27/14
MISCELLANEOUS DATA:
UPDATE TO DMSS RULES

--- BREATH ANALYSIS ---

BLANK TEST .000 16:34
INTERNAL STANDARD VERIFIED 16:34
RADIO INTERFERENCE

OPERATOR SIGNATURE *SCOTT J. Childers 563*

Card Stock No.
60021

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