



REVIEWED
 By Carol Day at 2:12 pm, Mar 27, 2014

DATAMASTER MAINTENANCE REPORT

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 204079	NAME OF AGENCY MISSOURI STATE HIGHWAY PATROL	DATE OF INSPECTION 03/01/2014
LOCATION OF INSTRUMENT (STREET AND CITY) ADAIR COUNTY JAIL, 215 NORTH FRANKLIN, KIRKSVILLE, MO. 63501		TIME OF INSPECTION 11:19 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) <u>03-01-2014 1119 HOURS</u>
<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 # 13280 EXP. DATE 10/16/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN G 6812 EXP. DATE 05/23/2014

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 • .096	TEST 2 • .097	TEST 3 • .097
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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)	2	(.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).

INSPECTING OFFICER	
SIGNATURE <i>E. F. Brown</i>	PRINT FULL NAME E. F. BROWN
TYPE II PERMIT NUMBER/EXPIRATION DATE 240015 01/28/2016	TELEPHONE NUMBER (660) 385-2132

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: 717-564-6470

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

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PERMIT
TYPE II
ERIC F BROWN

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 1/28/2014

NUMBER 240015

EXPIRES 1/28/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

FORM 580-0771 (6-10)

LAB-4 (R6-10)



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 **BROWN, ERIC**
 Permit No **240015**
 Date Issued **1/28/2014** Date Expires **1/28/2016**

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE LABORATORY
LAC DataMaster
01/11/2014

Case No. 12345678
Operator
Date Rec'd 01/11/2014
Time Rec'd 10:00 AM
Lab No. 1234567890
Specimen No. 1234567890

Sample 1	12345	12345
Sample 2	12345	12345
Sample 3	12345	12345
Sample 4	12345	12345
Sample 5	12345	12345
Sample 6	12345	12345
Sample 7	12345	12345
Sample 8	12345	12345
Sample 9	12345	12345
Sample 10	12345	12345

Notes
1234567890
01/11/2014

Signature CPI. [Signature] #173

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE LABORATORY
LAC DataMaster
01/11/2014

Case No. 12345678
Operator
Date Rec'd 01/11/2014
Time Rec'd 10:00 AM
Lab No. 1234567890
Specimen No. 1234567890

Notes
1234567890
01/11/2014

Operator Signature CPI. [Signature] #173

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI DEPARTMENT OF REVENUE
BAC DATA MASTER
600 W. 10th
ST. LOUIS, MO 63102

ISSUANCE INFORMATION

Client Name	00000
Equipment Number	00000
Operator	00000
Operator License	00000
Operator	00000
Operator License	00000
Operator	00000
Operator License	00000
Operator	00000
Operator License	00000

PRINTED INFORMATION

Printed information is provided for informational purposes only. It is not intended to be used as evidence. For more information, contact the Missouri Department of Revenue, BAC Data Master, 600 W. 10th, St. Louis, MO 63102.

Operator Signature CPA. [Signature] #173