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

DATAMASTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 1:01 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	NAME OF AGENCY	DATE OF INSPECTION
204086	MSHP	06-07-2014

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
US169 @ I-29 (BATVAN)	0331

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.

- [x] DIAGNOSTIC CHECK (PRINTOUT ATTACHED) — DATE AND TIME (from printout) 06-07-14 0331
  - [x] COMPUTER
  - [x] DETECTOR
  - [x] PROGRAM
  - [x] FILTERS
  - [x] HEATERS SAMPLE CHAMBER 49 °C
  - [x] QUARTZ STANDARD
  - [x] FLOW DETECTOR
  - [x] CALIBRATION
  - [x] PUMP HIGH SPEED
  - [x] PRINTER
- [x] INDICATOR LIGHTS
- [x] SIMULATOR SOLUTION SUPPLIER GUTH LABORATORIES LOT # 13290 EXP. DATE 10-29-15
- [x] SIMULATOR TEMP (34°C ± 0.2°C) 34.20 °C SIMULATOR SN 67985 EXP. DATE 11-27-14
- [x] 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
- [x] 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 ☛	TEST 2 ☛	TEST 3 ☛
.097	.098	.099

- [x] 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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	OVER .19
—	—	—	—	—	—

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 PERFORMS AT D.O.H. STANDARDS

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME
▸ CPL RV MCCORMICK	CPL RV MCCORMICK
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
240101 03-11-2016	816-622-0800

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.
590 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 **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°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

ROBERT V MCCORMICK

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, INTOX DMT

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 3/11/2014

NUMBER 240101

EXPIRES 3/11/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Gail Vasterling ,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 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 MCCORMICK, ROBERT
Permit No 240101
Date Issued 3/11/2014 **Date Expires** 3/11/2016

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 000686
06/07/14
03:01

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (06-07-2006): OKAY

HEATER:
SAMPLE CHAMBER: 49.

FLOW DETECTOR: OKAY

PUMP:
HIGH SPEED: OKAY

DETECTOR: OKAY

CITIZEN: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST:

Operator Signature CPL RV MCCORMICK

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 000686
06/07/14

TESTING OFFICER:
MCCORMICK/R W
OFFICER I.D.: 1181
PERMIT NUMBER: 040101
EXPIRATION DATE: 08/11/16
MISCELLANEOUS DATA:

--- SUBROUTINE MODE ---

BLANK TEST .000 00:00
INTERNAL STANDARD VERIFIED 00:00
EXTERNAL STANDARD .097 00:00
BLANK TEST .000 00:54
EXTERNAL STANDARD .096 00:55
BLANK TEST .000 00:55
EXTERNAL STANDARD .096 00:56
BLANK TEST .000 00:56

N = 2
STM. = .1
AVG. = .096

Operator Signature CPL RV MCCORMICK

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204004
06/07/14

ARREST TIME: 03:00
SUBJECT NAME:
DOE/JOHN/J
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/1234567890
ARRESTING OFFICER:
MCCORMICK/R/V
OFFICER I.D.: 1191
TESTING OFFICER:
SAME
OFFICER I.D.: SAME
PERMIT NUMBER: 240101
EXPIRATION DATE: 03/11/16
MISCELLANEOUS DATA:
RADIO INTER

--- BREATH ANALYSIS ---

BLANK TEST	000	04:04
INTERNAL STANDARD	VERIFIED	04:04
RADIO INTERFERENCE		

Operator Signature CPL RV McCormick