



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

RECEIVED 2/4/14-CD
REVIEWED
 By Carol Day at 8:56 am, Feb 11, 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 204094 Inv#127220	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 01/30/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Douglas County Sheriff's Office, 209 SE 2nd Ave., Ava, Missouri 65608		TIME OF INSPECTION 9:35 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)	01/30/2014 2135hrs
<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	

<input checked="" type="checkbox"/> INDICATOR LIGHTS
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth Laboratories, Inc.</u> LOT # <u>13280bot#660</u> EXP. DATE <u>10/16/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0C</u> °C SIMULATOR SN <u>G11072</u> EXP. DATE <u>11/19/2014</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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 <input checked="" type="checkbox"/> .095%	TEST 2 <input checked="" type="checkbox"/> .095%	TEST 3 <input checked="" type="checkbox"/> .095%
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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)	3	(.10-.14)	0	(.15-.19)	1	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 is operating within the guidelines set by the Missouri Department of Health.

INSPECTING OFFICER	
SIGNATURE <i>Trooper D.J. Johnson #439</i>	PRINT FULL NAME Trooper D.J. Johnson #439
TYPE II PERMIT NUMBER/EXPIRATION DATE 220092 04/10/2014	TELEPHONE NUMBER (417) 469-3121
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 **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



P E R M I T
TYPE II



DANIEL J JOHNSON

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 04/10/2012

Number 220092

Expires 04/10/2014

MO 580-0771 (7-89)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204094
01-30-14

ARREST TIME: 21:00
SUBJECT NAME:
SUBJECT ID:
DOB: 01-23-45 SEX: M
STATE D.L.# MO-123456789
ARRESTING OFFICER:
JOHNSON, D.J.
OFFICER I.D.# 439
TESTING OFFICER:
JOHNSON, D.J.
OFFICER I.D.# 439
PERMIT NUMBER: 200002
EXPIRATION DATE: 04-10-14
MISCELLANEOUS DATA:
DATAMASTER
MAINTENANCE

--- BREATH ANALYSIS ---

BLANK TEST	.000	22:41
INTERNAL STANDARD	VERIFIED	22:41
RADIO INTERFERENCE		

Operator Signature *Timothy D. Johnson #439*

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204094
01-30-14

ARREST TIME: 21:00
SUBJECT NAME:
SUBJECT ID:
DOB: 01-23-45 SEX: M
STATE D.L.# MO-123456789
ARRESTING OFFICER:
JOHNSON, D.J.
OFFICER I.D.# 439
TESTING OFFICER:
JOHNSON, D.J.
OFFICER I.D.# 439
PERMIT NUMBER: 200002
EXPIRATION DATE: 04-10-14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	23:08
INTERNAL STANDARD	VERIFIED	23:08
SUBJECT SAMPLE	.000	23:08
BLANK TEST	.000	23:08

Operator Signature *Timothy D. Johnson #439*

