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

DATAMASTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 8:04 am, Jul 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	NAME OF AGENCY	DATE OF INSPECTION
204125	Missouri State Highway Patrol	07-10-2014
LOCATION OF INSTRUMENT (STREET AND CITY) Audrain County Jail 1100 Littleby Rd Mexico Mo		TIME OF INSPECTION 1359

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) 07/10/2014; 1359
- [x] COMPUTER
- [x] DETECTOR
- [x] PROGRAM
- [x] FILTERS
- [x] HEATERS SAMPLE CHAMBER 50 °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° °C SIMULATOR SN G6760 EXP. DATE 8/20/2014
- [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)

- [x] 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	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
0	0	0	2	0	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).

INST MEETS ALL DOHSS/MSHP SPECS

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME
[signature]	Douglas B McPike
TYPE II PERMIT NUMBER/EXPIRATION DATE 230212 10/09/2015	TELEPHONE NUMBER 573-751-1000

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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204125
07/10/14

TESTING OFFICER:
MCPIKE/D/B
OFFICER I.D.: 651
PERMIT NUMBER: 230212
EXPIRATION DATE: 10/09/15
MISCELLANEOUS DATA:
.10 SOLUTION

--- SUPERVISOR MODE ---

BLANK TEST	.000	14:10
INTERNAL STANDARD	VERIFIED	14:10
EXTERNAL STANDARD	.097	14:10
BLANK TEST	.000	14:11
EXTERNAL STANDARD	.098	14:12
BLANK TEST	.000	14:12
EXTERNAL STANDARD	.099	14:13
BLANK TEST	.000	14:13

N = 3
SIM. = .1
AVG. = .098

r Signature

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204125
07/10/14

ARREST TIME: 11:11
SUBJECT NAME:
MCPIKE
DOB: 11/11/11 SEX: M
STATE/D.L.: MO/12345
ARRESTING OFFICER:
SAM
OFFICER I.D.: 651
TESTING OFFICER:
SAME
OFFICER I.D.: 651
PERMIT NUMBER: 230212
EXPIRATION DATE: 10/09/15
MISCELLANEOUS DATA:
RFI

--- BREATH ANALYSIS ---

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

tor Signature

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204125
07/10/14
13:59

--- 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:;<=>?@ABCDEFG
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmno
pqrstuvwxyz{|}~

or Signature

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

2

PERMIT

TYPE II

DOUGLAS B MCPIKE

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 10/9/2013

NUMBER 230212

EXPIRES 10/9/2015

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 MCPIKE, DOUGLAS
Permit No 230212
Date Issued 10/9/2013 **Date Expires** 10/9/2015

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

INTOX DMT MAINTENANCE REPORT

REPORT #1

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.

INTOX DMT SN	NAME OF AGENCY	DATE OF INSPECTION
500124	Missouri State Highway Patrol	07/10/2014
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
1100 Littleby Road, Mexico, Missouri, 65265		14:19:56

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

☒ DIAGNOSTIC RECORD

DATE AND TIME 07/10/2014 14:19:58

☒ DETECTOR
☒ PROGRAM
☒ FILTER 1
☒ SAMPLE CHAMBER 48.7°C
☒ FILTER 2
☒ BREATH TUBE 43.0°C
☒ FILTER 3
☒ PUMP
☒ INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

☒ SIMULATOR STANDARD
☐ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER GUTHLABORATORIES LOT # 13290 EXP. DATE 10/29/2015

☒ SIMULATOR TEMP (34°C ± 0.2°C) 34.0 | SIMULATOR SN G6760 | SIMULATOR EXP DATE 08/20/2014

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
Run three tests using a standard. 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 being used.

☒ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
☐ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: 0.097	TEST 2: 0.097	TEST 3: 0.099

☒ PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0	0-.04: 22	.05-.09: 0	.10-.14: 0	.15-.19: 0	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)

INST MEETS ALL MSHP / DOHSS SPECS.

INSPECTING OFFICER

SIGNATURE		PRINT FULL NAME
		DOUGLAS B MCPIKE
TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
240209	04/30/2016	573-751-1000

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

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services provided on a nondiscriminatory basis

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

2

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TYPE II

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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 4/30/2014

NUMBER 240209

EXPIRES 4/30/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Gail Vasterling

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

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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 MCPIKE, DOUGLAS
Permit No 240209
Date Issued 4/30/2014 **Date Expires** 4/30/2016