



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

REPORT #6

RECEIVED 7/8/14-CD

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.

REVIEWED
 By Carol Day at 3:25 pm, Jul 21, 2014

DATAMASTER SN 204126	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 07/04/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 1550 Doubet Road, Farmington (St. Francois County Sheriff's Office)		TIME OF INSPECTION 9:15 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>07/04/2014 at 09:37 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
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>GUTH LABORATORIES</u> LOT # <u>13280</u> EXP. DATE <u>10/16/2015</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ 34 _____ °C SIMULATOR SN _____ G11085 EXP. DATE <u>05/19/2015</u>	
<input checked="" type="checkbox"/> 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 ← .097	TEST 2 ← .097	TEST 3 ← .097
---------------	---------------	---------------

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	2	(0-.04)	1	(.05-.09)	2	(.10-.14)	5	(.15-.19)	6	OVER .19	1
----------	---	---------	---	-----------	---	-----------	---	-----------	---	----------	---

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 established limits.

INSPECTING OFFICER	
SIGNATURE <i>Dustin B. Reed</i>	PRINT FULL NAME Corporal Dustin B. Reed
TYPE II PERMIT NUMBER/EXPIRATION DATE 240068 03/07/2016	TELEPHONE NUMBER (573) 431-0166

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

**BAC DataMaster
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204126
07/04/14
09:37

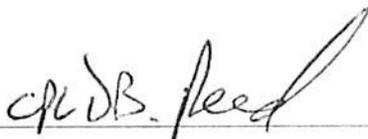
--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HEATERS
SAMPLE CHAMBER: 49c
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

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

Operator Signature



**BAC DataMaster
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204126
07/04/14

TESTING OFFICER:
REED/D/B
OFFICER I.D.: 988
PERMIT NUMBER: 240068
EXPIRATION DATE: 03/07/16
MISCELLANEOUS DATA:
CALIBRATION CHECK

--- SUPERVISOR MODE ---

BLANK TEST	.000	09:47
INTERNAL STANDARD	VERIFIED	09:47
EXTERNAL STANDARD	.097	09:48
BLANK TEST	.000	09:48
EXTERNAL STANDARD	.097	09:49
BLANK TEST	.000	09:49
EXTERNAL STANDARD	.097	09:50
BLANK TEST	.000	09:50

N = 3
SIM. = .1
AVG. = .097

Operator Signature





GUTH LABORATORIES, INC.

890 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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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 AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM



PERMIT
TYPE II
DUSTIN B REED

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 3/7/2014

NUMBER 240068

EXPIRES 3/7/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 **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 REED, DUSTIN
 Permit No 240068
 Date Issued 3/7/2014 Date Expires 3/7/2016