



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

RECEIVED
 By Carol Day at 9:56 am, Aug 28, 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 204139	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 08/14/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Holt County Sheriff's Office, 107 S. Main, Oregon, MO		TIME OF INSPECTION 11:52 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>08-14-2014/11:52</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 <u>49</u> °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>13290</u> EXP. DATE <u>10/29/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.1</u> °C	SIMULATOR SN <u>G11685</u> EXP. DATE <u>04/23/2015</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)

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 .099	TEST 2 .100	TEST 3 .100
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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)	0	(.10-.14)	0	(.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 	PRINT FULL NAME Joshua R. Zach
TYPE / PERMIT NUMBER / EXPIRATION DATE 240190 / 04/22/2016	TELEPHONE NUMBER (816) 387-2345

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.

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 094139
06/24/04

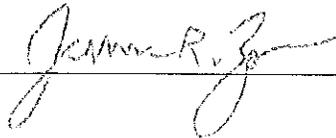
TESTING OFFICER:
ZICH JOHNSON
OFFICER I.D. NO:
PERMIT NUMBER: 240130
EXPIRATION DATE: 06/22/05
MISCELL INFO: 10/00

--- SUPERVISOR NAME ---

BLANK TEST	1.000	11.57
INTERNAL STANDARD	VERIFIED	11.57
EXTERNAL STANDARD	1.000	11.57
BLANK TEST	1.000	11.58
EXTERNAL STANDARD	1.000	11.58
BLANK TEST	1.000	11.59
EXTERNAL STANDARD	1.000	11.59
BLANK TEST	1.000	12.00

N = 7
SEM = 0.01
RMSE = 0.0200

Operator Signature



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BAC DataMaster Evidence Ticket

MICROBIAL STATE ANALYSIS PATROL
BAC DATAMASTER SEALED NUMBER 864100
08/24/14
11:31

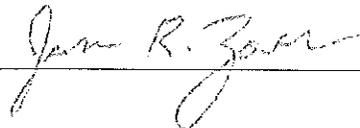
--- INTRODUCED DATA ---

COMPUTER:	DESK
PHONE# (66-67-2092):	DESK
PRINTERS	
SAMPLE CHAMBER:	DESK
FLOW DETECTOR:	DESK
PUMP	
FLOW SPEED:	DESK
DETECTOR:	DESK
FILTERS:	DESK
QUARTZ STANDARD:	DESK
CALIBRATION:	DESK

PRINTED FILE

PRINTED FILE -- 2015-08-24 11:31 AM
MICROBIAL STATE ANALYSIS PATROL
BAC DATAMASTER SEALED NUMBER 864100

Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATA MASTER SERVICE NUMBER 299125
05/14/04

ARREST TIME: 10:00
SUBJECT NAME:
DOE, JOHN E
DOB: 05/05/58 SEX: M
STATE: MO. # 00-1234567
ARRESTING OFFICER:
ZACHARY
OFFICER ILLIANS
TESTING OFFICER:
ZACHARY
OFFICER ILLIANS
PERMIT NUMBER: 123456
EXPIRATION DATE: 06-30-06
MISCELLANEOUS NOTES:
BAC TEST

--- INCIDENT: 00001234 ---

BAC TEST	1.00%	12/04
INFORMAL 3 CHAMP	VERIFIED	12/04
RADIO INTERFERENCE		

Operator Signature





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

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**PERMIT
TYPE II**

JOSHUA R ZACH

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 4/22/2014

NUMBER 240190

EXPIRES 4/22/2016

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 ZACH, JOSHUA
Permit No 240190
Date Issued 4/22/2014 Date Expires 4/22/2016