



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

RECEIVED
 By Carol Day at 12:47 pm, Jul 03, 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 204149	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 07/01/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Miller County Jail, MO 52, Tuscumbia		TIME OF INSPECTION 10:08 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) 07/01/2014 2208 hrs
<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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER Guth Laboratories, Inc. LOT # 13290 EXP. DATE 10/29/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN G11102 EXP. DATE 12/02/2014

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 ← .101	TEST 2 ← .100	TEST 3 ← .101
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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	1	(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 <i>K. A. Schrage</i>	PRINT FULL NAME Kyle A. Schrage
TYPE II PERMIT NUMBER-EXPIRATION DATE 240109 03/11/2016	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



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

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 LABORATORY
BAC DATA MASTER SERIAL NUMBER: 0000000000
0000000000
000000

--- OPERATOR'S CHECK ---

COMPUTERS: OK

RECURRING CHECKS: OK

HEATERS:
SAMPLE CHAMBER: OK

FLOW DETECTOR: OK

PUMP:
HIGH SPEED: OK

DETECTORS: OK

FILTERS: OK

----- QUARTZ STANDARD: OK

----- CARBONATE: OK

PRINTED BY:

1. WASTES (Check) - 2. BAC DATA MASTER - 3. BAC DATA
4. BAC DATA MASTER - 5. BAC DATA MASTER - 6. BAC DATA
MASTER - 7. BAC DATA MASTER - 8. BAC DATA MASTER

Operator Signature *K.A. Shroyer*

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

MISSOURI STATE LABORATORY
BAC OPERATIONS DIVISION
JULY 2004

TESTING METHOD:
SCREENING CYCLE: 10
OFFICER ID: 123456
PERMIT NUMBER: 123456
EXPIRES DATE: 12/31/04
MISCELLANEOUS: 12345

BLANK (L)	100	100
INTERNAL STANDARD	100	100
EXTERNAL STANDARD	100	100
BLANK TEST	100	100
EXTERNAL STANDARD	100	100
BLANK TEST	100	100
EXTERNAL STANDARD	100	100
BLANK TEST	100	100

H = 10
SMB = 10
PWC = 1000

Operator Signature: K.A. Schrage

Place This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

MEASUREMENTS: _____
BAC: _____

FIREARMS: _____
SUBJECT: _____

TEST: _____
DATE: _____
STATE: _____
FACILITY: _____

TEST: _____
OFFICER: _____
TESTING OFFICE: _____

SUBJECT: _____
OFFICER: _____
PEPPER SPRAY: _____
EXPIRED: _____
MISCELLANEOUS: _____

BLIND: _____
INTERNAL ATTENTION: _____
RADIO: _____

Operator Signature

R.A. Schrage



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



PERMIT
TYPE II
KYLE A SCHRAGE

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 240109

EXPIRES 3/11/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

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 SCHRAGE, KYLE
 Permit No 240109
 Date Issued 3/11/2014 Date Expires 3/11/2016