



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

RECEIVED
By Carol Day at 10:57 am, May 12, 2014

DATAMASTER MAINTENANCE REPORT

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 204165	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 05/02/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 174 Washington St., Warsaw, Missouri 65355 (B.C.S.D.)		TIME OF INSPECTION 11:16 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) <u>05/02/14 23:16</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 _____ 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>13280</u> EXP. DATE <u>10/16/2015</u>

<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ 34.1 _____ °C SIMULATOR SN _____ G6791 _____ EXP. DATE <u>07/16/2014</u>
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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 <input checked="" type="checkbox"/> .099%	TEST 2 <input checked="" type="checkbox"/> .100%	TEST 3 <input checked="" type="checkbox"/> .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	1	(0-.04)	3	(.05-.09)	0	(.10-.14)	6	(.15-.19)	2	OVER .19	5
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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 forth by the Missouri Department of Health.

INSPECTING OFFICER	
SIGNATURE <i>Cpl. B.N. Comer, #263</i>	PRINT FULL NAME Cpl. B. N. Comer, #263
TYPE II PERMIT NUMBER/EXPIRATION DATE 240085 03/11/2016	TELEPHONE NUMBER (816) 622-0800

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: 717-564-5470

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 AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

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**PERMIT
 TYPE II**

BENJAMIN N COMER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

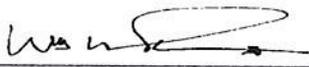
DATAMASTER, INTOX DMT

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 240085

EXPIRES 3/11/2016


 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
 Gail Vosterly
 ,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 COMER, BENJAMIN
 Permit No 240085
 Date Issued 3/11/2014 Date Expires 3/11/2016

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204165
05/02/14
23:16

--- 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:;<=>@ABCDEFGHIJK
LMNOPQRSTUVWXYZ[\]^_`abcdefg|hijklmnop
qrstuvwxy{|}~*

Operator Signature CPL M. Conner, #263

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204165
05/02/14

ARREST TIME: 22:50

SUBJECT NAME:

RADIO/FREQUENCY/TEST

DOB: 05/05/80 SEX: F

STATE/D.L.: MO/1234567

ARRESTING OFFICER:

COMER/B/N

OFFICER I.D.: 263

TESTING OFFICER:

COMER/B/N

OFFICER I.D.: 263

PERMIT NUMBER: 240085

EXPIRATION DATE: 03/11/16

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 23:02
INTERNAL STANDARD VERIFIED
RADIO INTERFERENCE 23:02

Operator Signature CPL M. Conner, #263

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204165
05/02/14

TESTING OFFICER:
COMER/BGN
OFFICER I.D. : 263
PERMIT NUMBER: 240085
EXPIRATION DATE: 03/11/16
MISCELLANEOUS DATA:

----- SUPERVISOR MODE -----

BLANK TEST	.000	23:31
INTERNAL STANDARD	VERIFIED	23:31
EXTERNAL STANDARD	.099	23:32
BLANK TEST	.000	23:32
EXTERNAL STANDARD	.100	23:33
BLANK TEST	.000	23:33
EXTERNAL STANDARD	.100	23:34
BLANK TEST	.000	23:34

N = 3
SIM. = .1
RMSE = .0996

Operator Signature CPA Bill Comer, # 263