



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

received 9/15/14-cd

DATAMASTER MAINTENANCE REPORT

REVIEWED REPORT
By Carol Day at 11:12 am, Sep 25, 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 204175	NAME OF AGENCY MSHP H-10	DATE OF INSPECTION 09-06-14
LOCATION OF INSTRUMENT (STREET AND CITY) DAVIES CO BOOKING ROOM GALLATIN		TIME OF INSPECTION 1158

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) 09-06-14 / 1158
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATER'S 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 GUTH LABORATORIES INC LOT # 132900 EXP. DATE 10-29-2015
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 33.2 °C SIMULATOR SN G6786 EXP. DATE 09-09-14

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 1
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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).
NA

INSPECTING OFFICER	
SIGNATURE <i>P.N. Kimball</i>	PRINT FULL NAME P.N. KIMBALL
TYPE II PERMIT NUMBER/EXPIRATION DATE 220235 09-07-14	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.

880 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

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**PERMIT
 TYPE II**

PAUL M KIMBALL

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

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 240175

EXPIRES 4/22/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

80-0771 (6-10)

LAB-4 (R5-10)



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 KIMBALL, PAUL
 Permit No 240175
 Date Issued 4/22/2014 Date Expires 4/22/2016

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

ALCOHOL CONCENTRATION (AC) IN BREATH
FOR OPERATOR'S SELECTED SUBJECT (MORNING)
MORNING

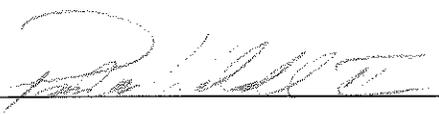
ALCOHOL CONCENTRATION (AC) IN BREATH

OPERATOR'S	0.00
OPERATOR'S (MORNING)	0.00
OPERATOR'S	0.00
OPERATOR'S (MORNING)	0.00
OPERATOR'S	0.00
OPERATOR'S (MORNING)	0.00
OPERATOR'S	0.00
OPERATOR'S (MORNING)	0.00
OPERATOR'S	0.00
OPERATOR'S (MORNING)	0.00
OPERATOR'S	0.00
OPERATOR'S (MORNING)	0.00

OPERATOR'S

ALCOHOL CONCENTRATION (AC) IN BREATH
FOR OPERATOR'S SELECTED SUBJECT (MORNING)
MORNING

Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

ALCOHOL CONCENTRATION (AC) IN BREATH
FOR OPERATOR'S SELECTED SUBJECT (MORNING)
MORNING

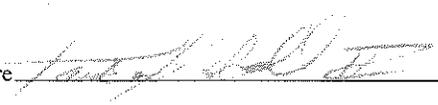
ALCOHOL CONCENTRATION (AC) IN BREATH
FOR OPERATOR'S SELECTED SUBJECT (MORNING)
MORNING

ALCOHOL CONCENTRATION (AC) IN BREATH

OPERATOR'S	0.00	0.00
OPERATOR'S (MORNING)	0.00	0.00
OPERATOR'S	0.00	0.00
OPERATOR'S (MORNING)	0.00	0.00
OPERATOR'S	0.00	0.00
OPERATOR'S (MORNING)	0.00	0.00
OPERATOR'S	0.00	0.00
OPERATOR'S (MORNING)	0.00	0.00
OPERATOR'S	0.00	0.00
OPERATOR'S (MORNING)	0.00	0.00
OPERATOR'S	0.00	0.00
OPERATOR'S (MORNING)	0.00	0.00

OPERATOR'S

Operator Signature



Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

Case No. 123456789
Officer No. 123456789
Date/Time 12/31/2012 10:00:00

Operator Name: J. Smith
Operator No.: 123456789
Vehicle No.: 123456789
Plate No.: ABC1234
Make/Model: Ford Focus
Color: Silver
Location: 123 Main St
City: Anytown
State: CA
Zip: 90210
Officer No.: 123456789
Date/Time: 12/31/2012 10:00:00
Remarks: Driver's license expired.

Operator No. 123456789
Date/Time 12/31/2012 10:00:00
Remarks: Driver's license expired.

Operator Signature _____

