



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

RECEIVED

By Carol Day at 1:28 pm, Nov 24, 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 204178	NAME OF AGENCY M.S.H.P.--H/4	DATE OF INSPECTION 11-14-14
LOCATION OF INSTRUMENT (STREET AND CITY) Mercer County S.O., Princeton, MO		TIME OF INSPECTION 0657

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) 11-14-14 0657
<input type="checkbox"/> COMPUTER	<input type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49 °C	<input type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input type="checkbox"/> PRINTER

<input checked="" type="checkbox"/> INDICATOR LIGHTS
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER GUTH LABS INC. LOT # 13290 EXP. DATE 10-29-15
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN G8202 EXP. DATE 1-13-15

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 • .097	TEST 2 • .098	TEST 3 • .099
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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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	OVER .19
			NO TESTS RUN		

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).

WITHIN D.O.H. SPECS.

INSPECTING OFFICER	
SIGNATURE <i>Doug Little</i>	PRINT FULL NAME Doug Little
TYPE II PERMIT NUMBER/EXPIRATION DATE 240176 04-22-16	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.



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

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PERMIT
TYPE II
DOUGLAS P LITTLE

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

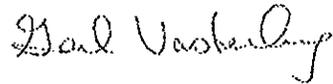
DATAMASTER, INTOX DMT

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


 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240176


 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 4/22/2016

MO 550-0771 (6-10)

LAB-4 (16-10)

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 LITTLE, DOUGLAS
 Permit No 240176
 Date Issued 4/22/2014 Date Expires 4/22/2016

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

ALL SAMPLES MUST BE IDENTIFIED BY THE
BAC OPERATOR USING THE BAC NUMBER 204110
11-14-74
100577

IDENTIFICATION CHECK

COMPONENTS	OKAY
PLUGS IN PLACE	OKAY
WATER	OKAY
SPRINKLER	OKAY
FLOW DETECTOR	OKAY
PIPING	OKAY
WATER PRESSURE	OKAY
WATER TUBS	OKAY
FILTERS	OKAY
WATER TREATMENT	OKAY
WATER TANK	OKAY

PREPARED BY

Operator Signature _____

2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

ALL SAMPLES MUST BE IDENTIFIED BY THE
BAC OPERATOR USING THE BAC NUMBER 204110
11-14-74
100577

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WATER TREATMENT	OKAY
WATER TANK	OKAY

Operator Signature _____

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

Case No. _____
Officer No. _____
Vehicle No. _____

Operator Name _____
Operator No. _____
Operator Address _____
Operator City _____
Operator State _____
Operator Zip _____

Operator Signature _____
Date _____
Time _____
Location _____

Operator Signature _____

[Handwritten Signature]