



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

RECEIVED

REPORT #6

By Carol Day at 8:33 am, Jan 02, 2015

Complete this report at the time of the regular monthly preventive maintenance check (not to be completed when 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 12-21-14
LOCATION OF INSTRUMENT (STREET AND CITY) Mercer County S.O., Princeton, MO		TIME OF INSPECTION 1705

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)	12-21-14 @ 1705
<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 49 °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	LOT # 13290 EXP. DATE 10-29-15
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34 °C	SIMULATOR SN 08202 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 • .101	TEST 2 • .101	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	(0-04)	(.05-.09)	(.10-.14)	(.15-.19)	OVER 19
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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).

RE-CALIBRATED UNIT. CALIBRATION FACTORS ATTACHED TO THIS REPORT

INSPECTING OFFICER	
SIGNATURE Dgt DP Little	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



**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

NUMBER 240176

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 (RS-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

1. Date of Collection: _____
 2. Time of Collection: _____
 3. Location of Collection: _____
 4. Name of Collector: _____
 5. Name of Operator: _____
 6. Name of Analyst: _____
 7. Name of Supervisor: _____
 8. Name of Agency: _____
 9. Name of State: _____
 10. Name of City: _____
 11. Name of County: _____
 12. Name of District: _____
 13. Name of Precinct: _____
 14. Name of Ward: _____
 15. Name of Precinct: _____
 16. Name of Ward: _____
 17. Name of Precinct: _____
 18. Name of Ward: _____
 19. Name of Precinct: _____
 20. Name of Ward: _____

21. Name of Precinct: _____
 22. Name of Ward: _____
 23. Name of Precinct: _____
 24. Name of Ward: _____
 25. Name of Precinct: _____
 26. Name of Ward: _____
 27. Name of Precinct: _____
 28. Name of Ward: _____
 29. Name of Precinct: _____
 30. Name of Ward: _____

Operator Signature

[Handwritten Signature]

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

1. Date of Collection: _____
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 5. Name of Operator: _____
 6. Name of Analyst: _____
 7. Name of Supervisor: _____
 8. Name of Agency: _____
 9. Name of State: _____
 10. Name of City: _____
 11. Name of County: _____
 12. Name of District: _____
 13. Name of Precinct: _____
 14. Name of Ward: _____
 15. Name of Precinct: _____
 16. Name of Ward: _____
 17. Name of Precinct: _____
 18. Name of Ward: _____
 19. Name of Precinct: _____
 20. Name of Ward: _____

Operator Signature

[Handwritten Signature]

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

1. Date of Collection: _____
 2. Location: _____
 3. Case No.: _____
 4. Substrate: _____
 5. Instrument: _____
 6. Operator: _____
 7. Analyst: _____
 8. Date of Analysis: _____
 9. Time of Analysis: _____
 10. Method: _____
 11. Results: _____
 12. Comments: _____
 13. Signature: _____
 14. Title: _____
 15. Date: _____

Operator Signature _____

Operator Signature _____