



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

RECEIVED 2/5/14-CD

**REVIEWED** REPORT #6  
 By Carol Day at 4:14 pm, Mar 20, 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 204191	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 01/28/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Newton County Sheriffs Department, Neosho		TIME OF INSPECTION 9:35 am

**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>01/28/2014 @ 0940 hours</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 _____ <u>50</u> °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>RepCo</u> LOT # <u>13001</u> EXP. DATE <u>03/07/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.1</u> °C SIMULATOR SN <u>G11047</u> EXP. DATE <u>05/02/2014</u>

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  .103	TEST 2  .103	TEST 3  .104
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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)	3	(.10-.14)	5	(.15-.19)	2	OVER .19	4
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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).

<b>INSPECTING OFFICER</b>	
SIGNATURE ▶	PRINT FULL NAME Jeffrey T Day
TYPE II PERMIT NUMBER/EXPIRATION DATE 230019 02/08/2015	TELEPHONE NUMBER (417) 895-6868

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.**

888 NORTH 6TH STREET, SUITE 200, TAMPA, FL 33602 • TELEPHONE: 772-224-0470

## 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 13, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9010209, 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  $\pm$  2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L  $\pm$  3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Panley, President  
GUTH LABORATORIES, INC.

**NIST Traceability:**

Testing was conducted using Certified Reference Standard lot number 8112211-03 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



P E R M I T  
TYPE II



JOSEY J LONG

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

**DATAMASTER; ALCO-SENSOR IV W/PRINTER**

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 10/16/2012

Number 220366

Expires 10/16/2014

Director of State Public Health Laboratory

Director, Department of Health