



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

DATAMASTER MAINTENANCE REPORT

RECEIVED 3/5/14-CD
REPORT #6

REVIEWED
By Carol Day at 3:37 pm, Mar 31, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days) or 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 02/28/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) Newton County Jail, Neosho | | TIME OF INSPECTION 8:34 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) 20:34 |
| <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 <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) _____ 34.0 _____ °C | SIMULATOR SN _____ SD3143 EXP. DATE <u>01/16/2015</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 * .104 | TEST 3 * .104 |
|---------------|---------------|---------------|

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 | 2 | (0-.04) | 1 | (.05-.09) | 4 | (.10-.14) | 8 | (.15-.19) | 4 | OVER .19 | 3 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|----------|---|

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).

NO ALTERATION OR MODIFICATION WAS MADE TO THIS INSTRUMENT.

| INSPECTING OFFICER | |
|--|------------------------------------|
| SIGNATURE | PRINT FULL NAME Josey J. Long |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 220366 / 10/16/2014 | 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 • HARRISBURG, PA 17101-4811 • TELEPHONE: 717-584-6470

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 Certified Reference Standard lot number EN12211-02 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.

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
O DATAMASTER SERIAL NUMBER 204191
02/28/14
20:36

--- DIAGNOSTIC CHECK ---

PUTER: OKAY
SERIAL (04-07-2009): OKAY
TERS
FILE CHAMBER: 49c
A DETECTOR: OKAY
A SPEED: OKAY
ECTOR: OKAY
TERS: OKAY
TZ STANDARD: OKAY
RITION: OKAY

PRINTED TEST

0123456789ABCDEF
GHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz

Operator Signature 

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204191
02/28/14

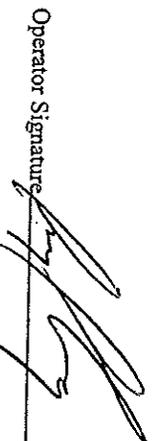
TESTING OFFICER:

LONG/JOSEY/J
OFFICER I.D.: 1282
PERMIT NUMBER: 200366
EXPIRATION DATE: 10/16/14
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST .000 20:37
INTERNAL STANDARD VERIFIED 20:37
EXTERNAL STANDARD .103 20:37
BLANK TEST .000 20:38
EXTERNAL STANDARD .104 20:38
BLANK TEST .000 20:39
EXTERNAL STANDARD .104 20:39
BLANK TEST .000 20:40

N = 3
SIM. = .1
RMS. = .1026

Operator Signature 

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204191
02/28/14

ARREST TIME: 20:00
SUBJECT NAME:
TEST

DOB: 01/01/01 SEX: M
STATE/D.L.: MO/

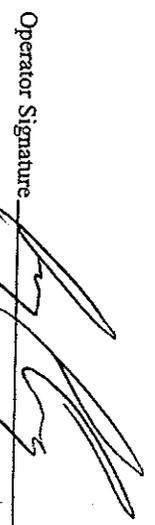
ARRESTING OFFICER:

LONG/JOSEY/J
OFFICER I.D.: 1282
TESTING OFFICER:
LONG/JOSEY/J

PERMIT NUMBER: 200366
EXPIRATION DATE: 10/16/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 20:44
INTERNAL STANDARD VERIFIED 20:44
RAID INTERFERENCE

Operator Signature 

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

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)