



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

DOH

DATAMASTER MAINTENANCE REPORT

RECEIVED REPORT #6
By Carol Day at 4:19 pm, Nov 19, 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 11/03/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Newton County Sheriffs Department, Neosho		TIME OF INSPECTION 10:00 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>11/03/2014 @ 1016 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>Guth Laboratories</u> LOT # <u>13290</u> EXP. DATE <u>10/29/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD3143</u> 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 .101	TEST 2 .102	TEST 3 .103
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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	4	(.0-.04)	0	(.05-.09)	2	(.10-.14)	4	(.15-.19)	3	OVER .19	2
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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).
Within DHSS standards

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Jeffrey T Day
TYPE II PERMIT NUMBER/EXPIRATION DATE 230010 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.

660 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

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%.

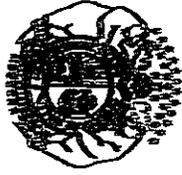
The alcohol and water used in this solution were free of test interfering substances.

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

JERFREY T DAY

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

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 877.020 through 877.041, RSMo and 308.111 through 308.113 RSMo.

DATE 02/08/2013

NUMBER 230019

EXPIRES 02/08/2015

MS 808-0771 (6-10)

W. W. [Signature]

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Stuart Vandenberg

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RB-10)

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 000000
11/03/14
000000

--- OPERATOR'S CHECK ---

COMPLETED: YES NO
DIRECTION: (R/L) (Y/N) YES NO
HEIGHTS: YES NO
SAMPLE CHANGES: YES NO
FLOW DIRECTION: YES NO
PUMP: YES NO
ELECTRODE: YES NO
ELECTROLYTE: YES NO
CALIBRATION: YES NO

OPERATOR'S NAME

OPERATOR'S SIGNATURE

Operator Signature



Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 000000
11/03/14

OPERATOR'S NAME: 000000

SUBJECT NAME:

NR

DOB: 00/00/00 SEX: M

STATE/DUTY REGION:

ARRESTING OFFICER:

NR

OFFICER TITLE: NR

TESTING OFFICER:

000000

OFFICER TITLE: 000

PERMIT NUMBER: 000000

EXPIRATION DATE: 00/00/00

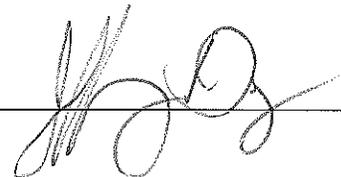
RESTRICTIONS: NONE

RFI: YES

--- BAC TO ANALYSIS ---

REMARKS: 0000000000

Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSISSIPPI STATE HIGHWAY PATROL
BAC DETERMINATOR SUPPLY NUMBER 29419A
11/19/14

TESTING OFFICER:
OFFICER J. L. ...
PERMIT NUMBER: ...
EXPIRATION DATE: ...
RESUME LICENSE NUMBER:

--- SUBSEQUENT WORK ---

BLANK TEST	1000	100000
INTERNAL STANDARD	0.0500	100000
EXTERNAL STANDARD	100	100000
BLANK TEST	0.000	100000
INTERNAL STANDARD	1.000	100000
BLANK TEST	1.000	100000
EXTERNAL STANDARD	100	100000
BLANK TEST	0.000	100000

n = 2
s.d. = ...
R.M.C. = ...

Operator Signature _____

