



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

REPORT #6

received 10/8/14-cd

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.

REVIEWED
 By Carol Day at 12:15 pm, Oct 28, 2014

DATAMASTER SN 204192	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 10/03/2014
LOCATION OF INSTRUMENT (STREET AND CITY) McDonald County Sheriffs Department, Pineville		TIME OF INSPECTION 9:20 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) 10/03/2014 @ 2122 hours
<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 50 °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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 13280 EXP. DATE 10/16/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD3143 EXP. DATE 01/16/2015

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 • .097	TEST 3 • .098
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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)	2	(.10-.14)	3	(.15-.19)	1	OVER .19	5
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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).

INSPECTING OFFICER	
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.

880 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 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%.

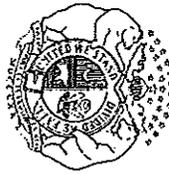
The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using 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**

JEFFREY 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 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 02/08/2013

NUMBER 230019

EXPIRES 02/08/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Handwritten signature
 Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

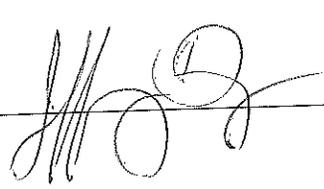
INSTRUMENT NO. _____
SERIAL NO. _____
DATE OF TEST _____
TIME OF TEST _____
OPERATOR _____
LABORATORY _____
CASE NO. _____
SUBJECT _____
SPECIMEN NO. _____
ANALYST _____
REMARKS _____

Face This Side Down - This Edge In First

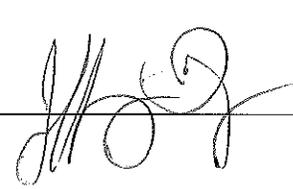
**BAC DataMaster
Evidence Ticket**

INSTRUMENT NO. _____
SERIAL NO. _____
DATE OF TEST _____
TIME OF TEST _____
OPERATOR _____
LABORATORY _____
CASE NO. _____
SUBJECT _____
SPECIMEN NO. _____
ANALYST _____
REMARKS _____

Operator Signature



Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

Operator Signature _____

A handwritten signature in black ink, appearing to be "H. D.", written over a horizontal line.