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

DATAMASTER DMT MAINTENANCE REPORT

RECEIVED 1/28/14 CD REPORT #1

REVIEWED
By Carol Day at 1:39 pm, Feb 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 DMT SN	NAME OF AGENCY	DATE OF INSPECTION
300164	Missouri Safety Center	01/21/2014
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
1200 S. Holden St.		17:02:15

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

☐ DIAGNOSTIC RECORD

DATE AND TIME 01/21/2014 17:02:17

☒ DETECTOR
☒ PROGRAM
☒ FILTER 1
☒ SAMPLE CHAMBER 48.9°C
☒ FILTER 2
☒ BREATH TUBE 45.5°C
☒ FILTER 3
☒ PUMP
☒ INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

☒ SIMULATOR STANDARD
☐ COMPRESSED ETHANOL-GAS MIXTURE

☐ STANDARD SUPPLIER GUTHLABORATOIES LOT # 13210 EXP. DATE 07/29/2015

☐ SIMULATOR TEMP (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2672 SIMULATOR EXP DATE 01/21/2015

☐ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
Run three tests using a standard. 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 being used.

☒ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
☐ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: 0.104	TEST 2: 0.104	TEST 3: 0.104

☐ PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0	0-.04: 0	.05-.09: 0	.10-.14: 0	.15-.19: 0	OVER .19: 0

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
	SHAWN G DAVENPORT

TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
30239	10/24/2015	660-584-2014

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 **13210** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **July 31, 2013,** using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1216%** (w/vol) ethyl alcohol. The expiration date for this lot number is **July 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.