



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

RECEIVED 3/6/14-CD REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to
 Complete this report whenever the instrument is serviced or repaired and whenever it is plac
 Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

REVIEWED
 By Carol Day at 3:30 pm, Apr 01, 2014

DATAMASTER SN 931124	NAME OF AGENCY Bowling Green Police Department	DATE OF INSPECTION 02/28/2014
-------------------------	---	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 15 West Church Street, Bowling Green	TIME OF INSPECTION 9:00 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) 02-28-2014, 21:00
<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 48 °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 Guth Labs, Inc.	LOT # 13290	EXP. DATE 10/29/2015
---	-------------	----------------------

<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C	SIMULATOR SN SD 2507	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 .099	TEST 2 .099	TEST 3 .100
-------------	-------------	-------------

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)	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).

Simulator checked on January 16, 2014 by Dan Lucas--MO Safety Center

INSPECTING OFFICER

SIGNATURE R.E. Owen #530	PRINT FULL NAME R.E. Owen
-----------------------------	------------------------------

TYPE II PERMIT NUMBER/EXPIRATION DATE 220303 09/25/2014	TELEPHONE NUMBER (573) 324-3200
--	------------------------------------

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

R.E. Owen #530

R.E. Owen #530

BAC DATAMASTER
Evidence Ticket

STATE OF MISSOURI
BOWLING GREEN POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 931124
02/28/14

ARREST TIME: 18:00

SUBJECT NAME:
SAMPLE

JOB: 01/01/01 SEX: M

STATE/D.L.: MO/KXX

ARRESTING OFFICER:
OWEN/R/E

OFFICER I.D.: 530

TESTING OFFICER:
SAME

OFFICER I.D.: 530

PERMIT NUMBER: 220303

EXPIRATION DATE: 09/25/14

MISCELLANEOUS DATA:
RFI CHECK

RFI CHECK

--- BREATH ANALYSIS ---

BLANK TEST .000 21:31
INTERNAL STANDARD VERIFIED 21:31
RADIO INTERFERENCE

R.E. Owen #530

Operator Signature

STATE OF MISSOURI

BOWLING GREEN POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 931124
02/28/14

TESTING OFFICER:

OWEN/R/E

OFFICER I.D.: 530

PERMIT NUMBER: 220303

EXPIRATION DATE: 09/25/14

MISCELLANEOUS DATA:

MAINTENANCE CHECK

--- SUPERVISOR MODE ---

BLANK TEST .000 21:24
INTERNAL STANDARD VERIFIED 21:24
INTERNAL STANDARD .099 21:24
BLANK TEST .000 21:25
INTERNAL STANDARD .099 21:25
BLANK TEST .000 21:26
INTERNAL STANDARD .100 21:26
BLANK TEST .000 21:27

= 3

IM. = .1

IG. = .0993

BOWLING GREEN POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 931124
02/28/14
21:00

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS
SAMPLE CHAMBER: 48c

FLOW DETECTOR: OKAY

PUMP
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefg hijklmno
pqrstuvwxyz{|}~*

R.E. Owen #530

nature

Operator Signature

R.E. Owen #530



GUTH LABORATORIES, INC.

690 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 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



P E R M I T
TYPE II



RODNEY E OWEN

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

DATAMASTER

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 09/25/2012

Number **220303**

Expires 09/25/2014

Director of State Public Health Laboratory

Director, Department of Health