



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

RECEIVED
 By Carol Day at 1:24 pm, Jul 30, 2014

REPORT #6

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 931124	NAME OF AGENCY Bowling Green Police Department	DATE OF INSPECTION 07/29/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 15 West Church Street, Bowling Green		TIME OF INSPECTION 3:32 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) 07-29-2014, 15:32
<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 Guth Labs, Inc. LOT # 14030 EXP. DATE 01/20/2016

<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 ● .098	TEST 2 ● .099	TEST 3 ● .099
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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)	0	(.10-.14)	0	(.15-.19)	0	OVER .19	0
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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).

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

INSPECTING OFFICER	
SIGNATURE <i>R.E. Owen #511</i>	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

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BOULING GREEN POLICE DEPARTMENT
BAC DATA MASTER SERIAL NUMBER 931124
07/29/14
15:02

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HEATERS
SAMPLE CHAMBER: 40c
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

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

R. E. Owen #511

Operator Signature

ARREST TIME: 14:00
SUBJECT NAME:
SAMPLE
DOB: 01/01/01 SEX: F
STATE/D.L.: NV/XXX
ARRESTING OFFICER:
OWEN/R/E
OFFICER I.D.: 511
TESTING OFFICER:
SAME
OFFICER I.D.: 511
PERMIT NUMBER: 220003
EXPIRATION DATE: 09/25/14
MISCELLANEOUS DATA:
RFI CHECK

--- BREATH ANALYSIS ---

BLANK TEST .000 15:42
INTERNAL STANDARD VERIFIED 15:42
RADIO INTERFERENCE

07/29/14

TESTING OFFICER:
OWEN/R/E
OFFICER I.D.: 511
PERMIT NUMBER: 220003
EXPIRATION DATE: 09/25/14
MISCELLANEOUS DATA:
MAINTENANCE CHECK

--- SUPERVISOR MODE ---

BLANK TEST .000 15:35
INTERNAL STANDARD VERIFIED 15:35
EXTERNAL STANDARD .098 15:35
BLANK TEST .000 15:36
EXTERNAL STANDARD .099 15:36
BLANK TEST .000 15:37
EXTERNAL STANDARD .099 15:37
BLANK TEST .000 15:38

N = 3
SIM. = .1
AVG. = .0986

Operator Signature

R. E. Owen #511

Operator Signature

R. E. Owen #511



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 14030 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **January 22, 2014**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1215%** (w/vol) ethyl alcohol. The expiration date for this lot number is **January 20, 2016** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 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 FNI22211-02 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

220303

RECEIVED
By Carol Day at 3:32 pm, Sep 20, 2012

APPROVED DHSS Breath Alcohol Program
By Brian Lutmer at 3:57 pm, Sep 21, 2012



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR <input type="checkbox"/> NEW PERMIT <input checked="" type="checkbox"/> RENEWAL	PERMIT NUMBER 201202	EXP. DATE 10-06-2012	DPS CERT. NUMBER AND DATE
NAME Owen, Rodney E		TITLE Patrolman	AGE 38
DEPARTMENT OR TROOP Bowling Green PD		TELEPHONE (573) 324-3200	
BUSINESS ADDRESS (STREET, TOWN, ZIP) 15 W. Church St., Bowling Green 63334			

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS.
(Also, please be sure an X is placed beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (CLOCK HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE AN X BESIDE INSTRUMENTS FOR WHICH YOU REQUEST A PERMIT	NAME OF INSTRUCTOR
June 2009	MO Safety Center	36	Datamaster	X	Welsh
July 1995	Troy High School	24	Datamaster	X	Miller

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year. (Include copies of reports.)

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. NPAS, Inc Datamaster	Twelve 2 MR'S OK BML	Four 5 SELF-TESTS OK BML
2.		
3.		
4.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instruments on your current permit that you wish to transfer to the new permit. Disregarding those renewal procedures will result in a new permit for the new instrument only.

To renew a Type II permit, the applicant shall have completed two (2) maintenance reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) maintenance reports and five (5) subject tests for each breath analyzer for which renewal is requested. Copies of the maintenance reports, operational checklists, and printouts for the five (5) subject tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT 	DATE 09-20-2012
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RETURN COMPLETED APPLICATION TO THE:
DIRECTOR OF LABORATORIES, MISSOURI DEPARTMENT OF HEALTH, 307 W. McCARTY, JEFFERSON CITY, MO 65101