



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

RECEIVED
 By Carol Day at 2:59 pm, Aug 11, 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 940061	NAME OF AGENCY Moberly Police Department	DATE OF INSPECTION 08/08/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 300 N. Clark Street Moberly Mo 65270	TIME OF INSPECTION 4:10 pm
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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) 08/08/2014 16:10
<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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 14030 EXP. DATE 01/20/2016

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN G6811 EXP. DATE 12/04/2014

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 .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)	2	(.10-.14)	0	(.15-.19)	2	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).

N/A

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME Michael C. Hollis
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TYPE II PERMIT NUMBER/EXPIRATION DATE 240123 03/24/2016	TELEPHONE NUMBER (660) 263-0346
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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.

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°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

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PERMIT
TYPE II
MICHAEL C HOLLIS

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

ALCO-SENSOR IV WITH PRINTER, 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 3/24/2014

NUMBER 240123

EXPIRES 3/24/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (8-10)

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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator HOLLIS, MICHAEL
Permit No 240123
Date Issued 3/24/2014 Date Expires 3/24/2016

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MICHIGAN
DEPARTMENT OF TRANSPORTATION
LABORATORY

300 S. ZEEB ROAD
LANSING, MI 48206
313.286.3000

TEST NO. 10415

DATE 08/20/02

TIME 09:00 AM

BY J. J. [unclear]

FOR [unclear]

RE [unclear]

BY [unclear]

DATE [unclear]

TIME [unclear]

BY [unclear]

FOR [unclear]

RE [unclear]

BY [unclear]

DATE [unclear]

TIME [unclear]

BY [unclear]

FOR [unclear]

RE [unclear]

BY [unclear]

DATE [unclear]

TIME [unclear]

BY [unclear]

FOR [unclear]

RE [unclear]

Operator Signature

Michael J. [unclear]

2208-02

**BAC DataMaster
Evidence Ticket**

STATE OF MICHIGAN
DEPARTMENT OF TRANSPORTATION
LABORATORY

300 S. ZEEB ROAD
LANSING, MI 48206
313.286.3000

TEST NO. 10415

DATE 08/20/02

TIME 09:00 AM

BY J. J. [unclear]

FOR [unclear]

RE [unclear]

BY [unclear]

DATE [unclear]

TIME [unclear]

BY [unclear]

FOR [unclear]

RE [unclear]

BY [unclear]

DATE [unclear]

TIME [unclear]

BY [unclear]

FOR [unclear]

RE [unclear]

BY [unclear]

DATE [unclear]

TIME [unclear]

BY [unclear]

FOR [unclear]

RE [unclear]

Operator Signature

Michael J. [unclear]

2208-02

