



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

RECEIVED
 By Carol Day at 2:18 pm, Dec 03, 2014
 REPORT # 0

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 940113	NAME OF AGENCY Bernie Police Department	DATE OF INSPECTION 11/21/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 206 West Crumb, Bernie MO. 63822		TIME OF INSPECTION 1:56 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) 11/21/14 - 13:56
<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 LOT # 13290 EXP. DATE 10/29/2015
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN SD2744 EXP. DATE 05/15/2015

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 .098	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)	0	(.10-.14)	2	(.15-.19)	1	OVER .19
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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 Justin Kyle Allen, Chief of Police
TYPE / PERMIT NUMBER / EXPIRATION DATE 240333 / 09-15-2016	TELEPHONE NUMBER (573) 293-4454

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 **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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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 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.

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

BERNIE PD

BAC DATAMASTER SERIAL NUMBER 940113
11/21/14
13:56

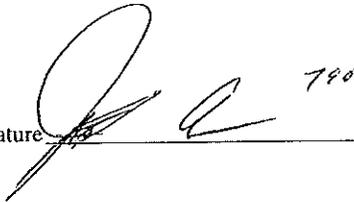
--- DIAGNOSTIC CHECK ---

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:;<=>?@ABCDE
HIJKLMNPOQRSTUVWXYZ[\]^_`abcdefshijkl
mnopqrstuvwxyz{|}~*

Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

BERNIE PD

BAC DATAMASTER SERIAL NUMBER 940113
11/21/14

ARREST TIME: 11:11
SUBJECT NAME:
RADIO/FREQUENCY/TEST
DOB: 11/11/11 SEX: M
STATE/D.L.: MO/N/A
ARRESTING OFFICER:
N/A
OFFICER I.D.# N/A
TESTING OFFICER:
ALLEN/JUSTIN/K
OFFICER I.D.# 790
PERMIT NUMBER: 240333
EXPIRATION DATE: 09/15/16
MISCELLANEOUS DATA:
N/A
N/A

---- BREATH ANALYSIS ----

RADIO INTERFERENCE

Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

BERNIE PD

BAC DATAMASTER SERIAL NUMBER 949113
11/21/14

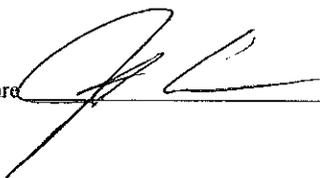
TESTING OFFICER:
ALLEN/JUSTIN/K
OFFICER I.D.# 799
PERMIT NUMBER: 249333
EXPIRATION DATE: 09/15/16
MISCELLANEOUS DATA:
MONTHLY MAINT

--- SUPERVISOR MODE ---

BLANK TEST	.000	16:07
INTERNAL STANDARD	VERIFIED	16:07
EXTERNAL STANDARD	.098	16:07
BLANK TEST	.000	16:08
EXTERNAL STANDARD	.098	16:09
BLANK TEST	.000	16:09
EXTERNAL STANDARD	.098	16:10
BLANK TEST	.000	16:11

----- N = 3
----- SIM. = .1
----- AVG. = .098

Operator Signature



2208-02



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

2

**PERMIT
 TYPE II**

JUSTIN K ALLEN

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 9/15/2014

NUMBER 240333

EXPIRES 9/15/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-9771 (6-10)

LAP-1 (R5-13)

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 ALLEN, JUSTIN
 Permit No 240333
 Date Issued 9/15/2014 Date Expires 9/15/2016