



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

RECEIVED 3/4/14-CD

REVIEWED REPORT #8
 By Carol Day at 10:07 am, Mar 14, 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 SN 940160	NAME OF AGENCY Willard Police Department	DATE OF INSPECTION 02/25/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 795 Hughes Rd. P.O. Box 187 Willard MO. 65781		TIME OF INSPECTION 0:19 am

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) 02/25/2014 00:19
<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	LOT # 13210 EXP. DATE 07/29/2015
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34 °C	SIMULATOR SN SD2268 EXP. DATE 02/21/2015
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1 → .097	TEST 2 → .097	TEST 3 → .095
---------------	---------------	---------------

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)	1	(.05-.09)	0	(.10-.14)	0	(.15-.19)	1	OVER .19	1
----------	---	----------	---	-----------	---	-----------	---	-----------	---	----------	---

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).

Data Master taken to Safety Center for Maint. Breath Tube replaced, voltage adjusted and Instrument recalibrated.

INSPECTING OFFICER

SIGNATURE <i>Ronald M. Payne</i>	PRINT FULL NAME Ronald M. Payne
TYPE (PERMIT NUMBER/EXPIRATION DATE) 230050 03/21/2015	TELEPHONE NUMBER (417) 742-3077

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.**

190 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-664-8470

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 +/- 0.2°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 FN12211-02 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.

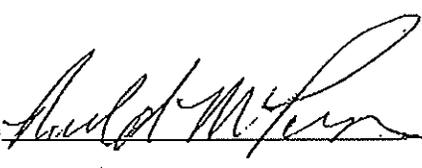
**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 940160
02/25/14

ARREST TIME: 29:30
SUBJECT NAME:
RFI/TEST
DOB: 10/10/80 SEX: M
STATE/D.L.: MO/123456789
ARRESTING OFFICER:
PAYNE/RONALD/M
OFFICER I.D.: 1805
TESTING OFFICER:
PAYNE/RONALD/M
OFFICER I.D.: 1805
PERMIT NUMBER: 230050
EXPIRATION DATE: 03/21/15
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	00:22
INTERNAL STANDARD	VERIFIED	00:22
RADIO INTERFERENCE		

Operator Signature 

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
BAC DATA MASTER SERIAL NUMBER 940160
02/25/14

TESTING OFFICER:
PHONE/ROB/D/W
OFFICER I.D.: 1605
PERMIT NUMBER: 220059
EXPIRATION DATE: 03/21/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

ALARM TEST	VERIFIED	00:24
INTERNAL STANDARD	00:24	00:24
EXTERNAL STANDARD	00:25	00:25
ALARM TEST	00:26	00:26
EXTERNAL STANDARD	00:27	00:27
ALARM TEST	00:28	00:28
EXTERNAL STANDARD	00:27	00:27
ALARM TEST	00:28	00:28

N = 3
SIR = .1
RMS = .0963

Operator Signature: *[Handwritten Signature]*

2208 02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
BAC DATA MASTER SERIAL NUMBER 940160
02/25/14
20:19

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (84-07-2809): OKAY
HEATERS
SAMPLE CHAMBER: 49C
FLUID DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
REACTZ STANDARD: OKAY
CALIBRATION: OKAY

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

Operator Signature: *[Handwritten Signature]*

2203 02

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



RONALD M PAYNE

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 03/10/2011
Number 210031
Expires 03/10/2013

Director of State Public Health Laboratory

Director, Department of Health