



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

**RECEIVED**  
 By Carol Day at 9:39 am, Jul 14, 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 940160	NAME OF AGENCY Willard Police Department	DATE OF INSPECTION 07/05/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 795 Hughes Rd. P.O. Box 187 Willard MO. 65781		TIME OF INSPECTION 3:55 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) <u>07/05/2014 03:55</u>
<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 <u>48</u> °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 <u>Guth</u> LOT # <u>14030</u> EXP. DATE <u>01/20/2016</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C SIMULATOR SN <u>SD2268</u> EXP. DATE <u>02/21/2015</u>

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 0.036% AND 0.042% INCLUSIVE

TEST 1 <u>.99</u>	TEST 2 <u>.99</u>	TEST 3 <u>.99</u>
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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).

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>Ronald M. Payne</i>	PRINT FULL NAME Ronald M. Payne
TYPE II 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.**

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-561-5470

## 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 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.*

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
BAC DATA MASTER SERIAL NUMBER 942168  
07/25/14  
20:58

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (24-07-2009): OKAY

HEATERS  
SAMPLE CHAMBER: 4BC

FLOW DETECTOR: OKAY

PUMP  
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STRIPPERS: OKAY

CALIBRATION: OKAY

PRINTER TEST  
!#%&'()\*+,-./0123456789:;<=>@ABCDEFGHIJK  
LMNOPQRSTUVWXYZ[\]^\_`abcdefgijklmnop  
qrstuvwxyz0123456789:;<=>@ABCDEFGHIJK

Operator Signature *Audith M. Jones* 2209-02

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
BAC DATA MASTER SERIAL NUMBER 942168  
07/25/14

TESTING OFFICER:  
PAYNE/COMPLD/M  
OFFICER I.D.#: 1685  
PERM. NUMBER: 800050  
EXPIRATION DATE: 09/21/15  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST .000  
INTERNAL STANDARD .000  
EXTERNAL STANDARD .000  
BLANK TEST .000  
INTERNAL STANDARD .000  
EXTERNAL STANDARD .000  
BLANK TEST .000  
INTERNAL STANDARD .000  
EXTERNAL STANDARD .000

N = 3  
SIG. = .1  
AVG. = .000

Operator Signature *Audith M. Jones* 2209-02

**BAC DataMaster**  
**Evidence Ticket**

STATE OF MISSOURI  
BAC DATA MASTER SERIAL NUMBER 942182  
07/25/14

ARREST TIME: 02:00  
SUBJECT NAME:  
SEX: M  
DOB: 10/10/82  
STATE/ID: MO/123456789  
PRESENTING OFFICER:  
OFFICER J.J.J. 1985  
TESTING OFFICER:  
OFFICER J.J.J. 1985  
PERMITS NUMBER: 030052  
EXPIRATION DATE: 03/21/15  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	00100
INTERNAL STANDARD	VERIFIED	00100
POSITIVE INTERFERENCE		

Operator Signature



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):

DATANASTER

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