



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

received 8/22/14-cd **REPORT #6**

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 95 cc. s).
 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.

REVIEWED
 By Carol Day at 12:35 pm, Aug 28, 2014

DATAMASTER SN 940160	NAME OF AGENCY Willard Police Department	DATE OF INSPECTION 08/12/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 795 Hughes Rd. P.O. Box 187 Willard MO. 65781		TIME OF INSPECTION 11:26 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) 08/12/2014 23:26
<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 <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) _____ 34 _____ °C	SIMULATOR SN <u>SD2268</u> EXP. DATE <u>02/21/2015</u>
<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 0.078% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1 ✶ .98	TEST 2 ✶ .101	TEST 3 ✶ .100
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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)	1	(.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).

INSPECTING OFFICER	
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.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-6470

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.

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
390 INSTRUMENTER SERIAL NUMBER 949160
08/12/14

TESTING OFFICER:
RWMS/ROHLE/W
OFFICER A.J.J. 1825
PERMIT NUMBER: 200850
EXPIRATION DATE: 03/21/15
MISCELLANEOUS DATA:

--- SUPERVISOR HOSE ---

BLANK TEST	.000	20100
INTERNAL STANDARD	VERIFIED	20100
EXTERNAL STANDARD	.000	20100
BLANK TEST	.000	20100
INTERNAL STANDARD	.101	20100
BLANK TEST	.000	20100
EXTERNAL STANDARD	.100	20100
BLANK TEST	.000	20100

N = 3
S.D. = .1
RWS. = .0996

Operator Signature *Audrey M. Perry*

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
390 INSTRUMENTER SERIAL NUMBER 949160
08/12/14
20125

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (24-27-2025): OKAY
HEATERS: 49C
SAMPLE CHAMBER: 49C
FLOW DETECTOR: OKAY
PUMP: OKAY
MOTOR SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST
!#%&'()*+,-./0123456789:;<=>@ABCDEFGHI
JKLMNOPQRSTUVWXYZ[\]^_`abcdefgijklm
nopqrstuvwxyz{|}~()*)+<+<

Operator Signature *Audrey M. Perry*

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BAC INSTRUMENT SERIAL NUMBER 900160
08/12/14

ARREST TIME: 08:00
SUBJECT NAME:
REF: TEST

DOB: 10/12/80 SEX: M
SITE/CL: J. MO/120456789
ARRESTING OFFICER:
PCMS/COMB/DW
OFFICER I.D. #: 1805
TESTING OFFICER:
PCMS/COMB/DW
OFFICER I.D. #: 1805
SERIAL NUMBER: 200650
EXPIRATION DATE: 08/21/15
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000
INTERNAL STANDARD VERIFIED 08:00
SPECIFIC INTERFERENCE 08:00

Operator Signature *Donald M. King*

State of Missouri
DEPARTMENT OF HEALTH



PERMIT
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