



STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 2:43 pm, Oct 17, 2014

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 95 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 10/17/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 795 Hughes Rd. P.O. Box 187 Willard MO. 65781 | | TIME OF INSPECTION 3:10 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) 10/17/2014 03:10 |
| <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 |
| <input checked="" type="checkbox"/> INDICATOR LIGHTS | |
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth | LOT # 14030 EXP. DATE 01/20/2016 |
| <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 → .097 |
|---------------|---------------|---------------|

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 |
|----------|---|----------|---|-----------|---|-----------|---|-----------|---|----------|---|

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 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.
580 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-654-5470

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

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 848162
12/17/14

TESTING OFFICER:
BOBAY, RONALD W.
OFFICER 11311 1005
LICENSE NUMBER 200262
EXPIRATION DATE 02/21/15
MICROCELLULARS 20793

--- SUPERVISOR NOSE ---

| | | |
|-------------------|---------|--------|
| BLANK TEST | 1.000 | 0.0116 |
| INTERNAL STANDARD | UNCALIB | 0.0116 |
| EXTERNAL STANDARD | 0.0 | 0.0116 |
| BLANK TEST | 1.000 | 0.0116 |
| INTERNAL STANDARD | 0.0 | 0.0116 |
| EXTERNAL STANDARD | 0.0 | 0.0116 |
| BLANK TEST | 1.000 | 0.0116 |
| INTERNAL STANDARD | 0.0 | 0.0116 |
| EXTERNAL STANDARD | 0.0 | 0.0116 |
| BLANK TEST | 1.000 | 0.0116 |

N = 8
STD. = .1
RMS. = .007

Operator Signature *Ronald W. Bobay*

State of Missouri
DEPARTMENT OF HEALTH



PERMIT
TYPE I



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