



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

RECEIVED 3/19/14-CDREPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed back into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

REVIEWED
 By Carol Day at 11:37 am, Apr 01, 2014

DATAMASTER SN 940164	NAME OF AGENCY STRAFFORD POLICE DEPT	DATE OF INSPECTION 03/12/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 113 E. PINE ST. STRAFFORD, MO 65757		TIME OF INSPECTION 1:49 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) 03/12/2014@1349
<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 LABS INC	LOT # 14030 EXP. DATE 01/20/2016
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.00 °C	SIMULATOR SN DR5379 EXP. DATE 02/12/2015
<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 → .099	TEST 2 → .098	TEST 3 → .101
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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	1
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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 JUSTHAN I WEBSTER
TYPE II PERMIT NUMBER/EXPIRATION DATE 230036 02/27/2015	TELEPHONE NUMBER (417) 736-4000

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: 717-664-5470

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 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.



Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations: 19CSR 25-30.

Checked: 2/13/2014 Expires: 02/12/2015
Digital Therm. SN:093752 Temp:33.98
MSC Tech:RW
Agency: STRAFFORD PD



DR5379



Tested By: _____

ROBERT WELSH

Date: _____

02/13/2014

Contact: Missouri Safety Center

Breath Alcohol Instrument Training Program

660-543-4834

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
STRAFFORD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 948164
03/12/14

TESTING OFFICER:
WEBSTER/JUSTMAN
OFFICER I.D.: 1301
PERMIT NUMBER: 230036
EXPIRATION DATE: 02/27/15
MISCELLANEOUS DATA:
MAINTENANCE

---- SUPERVISOR MODE ----

BLANK TEST	.000	13:51
INTERNAL STANDARD	VERIFIED	13:51
EXTERNAL STANDARD	.099	13:52
BLANK TEST	.000	13:53
EXTERNAL STANDARD	.098	13:53
BLANK TEST	.000	13:54
EXTERNAL STANDARD	.101	13:54
BLANK TEST	.000	13:55

N = 3
SIM. = .1
AVG. = .0993

Signature *Just White #1301*
recycled paper with Agri-based Inks CMSU 2208-02

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
STRAFFORD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 948164
03/12/14
13:49

---- DIAGNOSTIC CHECK ----

COMPUTER: OKAY
PROGRAM (84-97-2009): OKAY
HEATERS
SAMPLE CHAMBER: 49c
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

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

Operator Signature *Just White #1301*
Printed on recycled paper with Agri-based Inks CMSU 2208-02

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
STRAFFORD POLICE DEPARTMENT

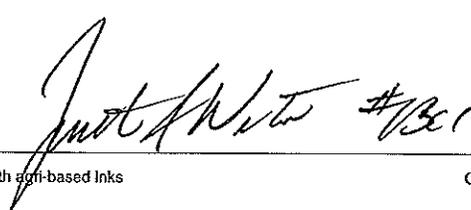
BAC DATAMASTER SERIAL NUMBER 940164
03/12/14

ARREST TIME: 13:00
SUBJECT NAME:
RFI/TEST
DOB: 10/10/10 SEX: M
STATE/D.L.: MO/RFI TEST
ARRESTING OFFICER:
WEBSTER/JUSTIN
OFFICER I.D.: 1301
TESTING OFFICER:
WEBSTER/JUSTIN
OFFICER I.D.: 1301
PERMIT NUMBER: 230036
EXPIRATION DATE: 02/27/15
MISCELLANEOUS DATA:
RFI TEST
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	13:57
INTERNAL STANDARD	VERIFIED	13:57
RADIO INTERFERENCE		

Operator Signature



Printed on recycled paper with anti-based Inks

CMSU 2208-02



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

2

PERMIT
TYPE II

JUSTHAN I WEBSTER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATA MASTER

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 02/27/2013

NUMBER 230036

EXPIRES 02/27/2015

MO 590-0771 (9-10)

W. Webster

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Sharl Webster

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (95-10)