



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

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (no exceptions). Complete this report whenever the instrument is serviced or repaired and whenever it is repaired. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

RECEIVED
 By Carol Day at 12:25 pm, Jul 14, 2014

DATAMASTER SN 1736	NAME OF AGENCY Charleston D.P.S.	DATE OF INSPECTION 07/11/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 204 N Main St. Charleston		TIME OF INSPECTION 17:36

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) 17:36
<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 48°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 Labs</u> LOT # <u>14030</u> EXP. DATE <u>01/20/2016</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>DR2214</u> EXP. DATE <u>02/10/2015</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)

<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 ← .098	TEST 2 ← .099	TEST 3 ← .099
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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	1	(0-.04)	5	(.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 Brian K. Bickford Jr
TYPE II PERMIT NUMBER/EXPIRATION DATE 220384 11/13/0014	TELEPHONE NUMBER (573) 683-3737

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: 717-564-5470

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.

DEPARTMENT OF HEALTH



PERMIT
TYPE II



BRIAN K BICKFORD JR

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

DATAMASTER

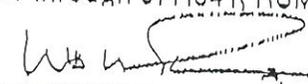
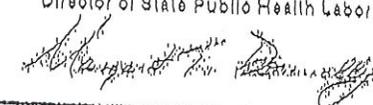
for the determination of the alcohol content of blood from a sample of expired (alveolar) air, issued under the provisions of sections 677.020 through 677.041, RSMo 1986.

Date 11/13/2012

Number 220384

Expires 11/13/2014

MO 680-0771 (7-88)


Director of State Public Health Laboratory

Director, Department of Health

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
CHARLESTON DEPARTMENT OF PUBLIC SAFETY

BAC DATAMASTER SERIAL NUMBER 940183
07/11/14

TESTING OFFICER:
SICKFORD/BRIAN/K/JR
OFFICER I.D.# 213
PERMIT NUMBER: 220384
EXPIRATION DATE: 11/13/14
MISCELLANEOUS DATA:
CAL CHECK

--- SUPERVISOR MODE ---

BLANK TEST	.000	17:38
INTERNAL STANDARD	VERIFIED	17:38
EXTERNAL STANDARD	.098	17:39
BLANK TEST	.000	17:39
EXTERNAL STANDARD	.099	17:40
BLANK TEST	.000	17:40
EXTERNAL STANDARD	.099	17:41
BLANK TEST	.000	17:41

N = 3
SIM. = .1
AVG. = .0906

Operator Signature



BAC DataMaster Evidence Ticket

STATE OF MISSOURI
CHARLESTON DEPARTMENT OF PUBLIC SAFETY

BAC DATAMASTER SERIAL NUMBER 940183
07/11/14
17:36

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	48c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

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

Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
CHARLESTON DEPARTMENT OF PUBLIC SAFETY

BAC DATAMASTER SERIAL NUMBER 940183
07/11/14

ARREST TIME: 15:00
SUBJECT NAME:
DOW/JON
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/123456789
ARRESTING OFFICER:
DOE/JANE/A
OFFICER I.D.: 123
TESTING OFFICER:
BICKFORD/BRIAN/K/JR
OFFICER I.D.: 213
PERMIT NUMBER: 220384
EXPIRATION DATE: 11/13/14
MISCELLANEOUS DATA:
RFI TEST

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Operator Signature

