



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

RECEIVED

By Brian Lutmer at 4:25 pm, Jan 11, 2015

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 940183 | NAME OF AGENCY Charleston Dept. of Public Safety | DATE OF INSPECTION 12/30/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 204 N. Main St. Charleston, Missouri 63834 | | TIME OF INSPECTION 17:54 |

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) 12/30/2014 17:54 |
| <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 |

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER Guth Labs LOT # 14200 EXP. DATE 08/05/2016

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN DR 2214 EXP. DATE 02/10/2015

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 0.038% AND 0.042% INCLUSIVE

| | | |
|---------------|---------------|---------------|
| TEST 1 • .102 | TEST 2 • .102 | TEST 3 • .102 |
|---------------|---------------|---------------|

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) | 5 | (.05-.09) | 1 | (.10-.14) | 1 | (.15-.19) | 0 | OVER .19 | 1 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|----------|---|

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 Ryan D. Hill |
|---------------|---------------------------------|

| | |
|--|------------------------------------|
| TYPE II PERMIT NUMBER/EXPIRATION DATE 230106 06/04/2015 | 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

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

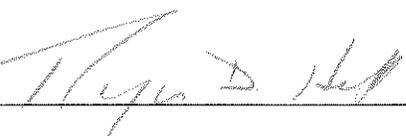
CHARLESTON COUNTY SHERIFF'S OFFICE
 1000 W. BROADWAY
 CHARLESTON, SC 29403
 (803) 733-1234
 FAX (803) 733-1235
 DISTRICT ATTORNEY
 MISSISSAUGA, ONT.

CHARLESTON COUNTY SHERIFF'S OFFICE
 1000 W. BROADWAY
 CHARLESTON, SC 29403
 (803) 733-1234
 FAX (803) 733-1235

| | | |
|------------------|------|-------|
| ALCOHOL | 1001 | 10-84 |
| COCAINE | 1002 | 10-84 |
| HEROIN | 1003 | 10-84 |
| MARIJUANA | 1004 | 10-84 |
| BARBITURATES | 1005 | 10-84 |
| AMPHETAMINE | 1006 | 10-84 |
| PHENYLETHANAMINE | 1007 | 10-84 |
| PCP | 1008 | 10-84 |
| VALIUM | 1009 | 10-84 |
| XANAX | 1010 | 10-84 |

ALCOHOL 1001
 COCAINE 1002
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 BARBITURATES 1005
 AMPHETAMINE 1006
 PHENYLETHANAMINE 1007
 PCP 1008
 VALIUM 1009
 XANAX 1010

Operator Signature



Operator Signature



Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

LABORATORY DEPARTMENT OF PUBLIC SAFETY
3900 BRIMLEY STREET, ALBANY, OHIO 44604

INVESTIGATION NO. 100-100000
CASE NO. 100-100000
SUBJECT: [Illegible]

DATE: 10/10/10
TIME: 10:00 AM
BY: [Illegible]

LABORATORY NO. 100-100000
ANALYST: [Illegible]

Operator Signature

Thyad Hill



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-664-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 6, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1213% (w/vol) ethyl alcohol. The expiration date for this lot number is August 5, 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.



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



PERMIT
TYPE II

RYAN D BILL

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

DATAMASTER

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 06/04/2013

NUMBER 230106

EXPIRES 06/04/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

W. M. ...
Shad ...

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

Acting Director