



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

RECEIVED 3/4/14 REPORT #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 into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

REVIEWED

By Carol Day at 3:48 pm, Mar 31, 2014

DATA MASTER SN 940183	NAME OF AGENCY Charleston D.P.S.	DATE OF INSPECTION 02/26/2014									
LOCATION OF INSTRUMENT (STREET AND CITY) 204 N Main St. Charleston		TIME OF INSPECTION 05:31									
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) <u>02/26/2014 05:31</u>									
<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 <u>48°C</u>	<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 ($34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$) <u>34.0</u> °C		SIMULATOR SN <u>DR2214</u> EXP. DATE <u>02/10/2015</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 $\pm 5\%$ 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 \rightarrow <u>.103</u>	TEST 2 \rightarrow <u>.103</u>	TEST 3 \rightarrow <u>.104</u>									
<input checked="" type="checkbox"/> 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 Brian K. Bickford Jr					
TYPE II PERMIT NUMBER/EXPIRATION DATE 220384 <u>11/13/2014</u>						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.**

890 NORTH 07th 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°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.

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
CHARLESTON DEPARTMENT OF PUBLIC SAFETY

BAC DATAMASTER SERIAL NUMBER 940123
02/26/14
05:31

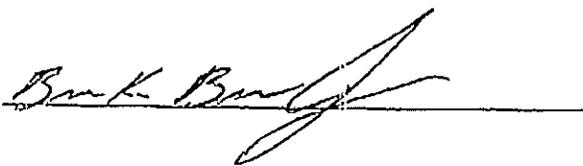
--- DIAGNOSTIC CHECK ---

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:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdef ghijklmno
pqrstuvwxyz{|}~

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 940123
02/26/14

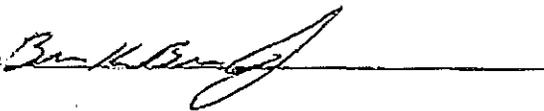
TESTING OFFICER:
BICKFORD/BRIAN/K/JR
OFFICER I.D.: 213
PERMIT NUMBER: 220384
EXPIRATION DATE: 11/13/14
MISCELLANEOUS DATA:
CAL CHECK

--- SUPERVISOR MODE ---

BLANK TEST	.000	05:30
INTERNAL STANDARD	VERIFIED	05:34
EXTERNAL STANDARD	.103	05:34
BLANK TEST	.000	05:35
EXTERNAL STANDARD	.103	05:35
BLANK TEST	.000	05:36
EXTERNAL STANDARD	.104	05:36
BLANK TEST	.000	05:37

N = 3
SIS. = .1
AVG. = .1033

Operator Signature



Face This Side Down - This Edge In First

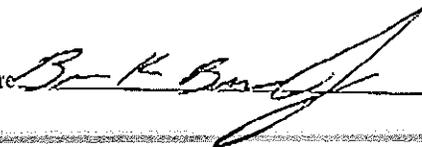
**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
CHARLESTON DEPARTMENT OF PUBLIC SAFETY

BAC DATAMASTER SERIAL NUMBER 940183
02/26/14

ARREST TIME: 04:00
SUBJECT NAME:
DOE/JANE/
DOB: 01/01/01 SEX: F
STATE/D.L.: MO/123456789
ARRESTING OFFICER:
DOE/JON
OFFICER I.D.: 123
TESTING OFFICER:
DICKFORD/BRYAN/K/JR
OFFICER I.D.: 213
PERMIT NUMBER: 220084
EXPIRATION DATE: 11/13/14
MISCELLANEOUS DATA:
RFI TEST

----- BREATH ANALYSIS -----
----- RADIO INTERFERENCE -----

Operator Signature 

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 880-0771 (7-20)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (87-08)