

RECEIVED
By Carol Day at 3:02 pm, Jul 28, 2014



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 (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 940258	NAME OF AGENCY TROY PD / STATE OF MISSOURI	DATE OF INSPECTION 07/24/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 800 CAP. AV. GRIS TROY		TIME OF INSPECTION 1738 HOURS

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) 07/24/14 17:38
<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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER **Guth** LOT # **13280** EXP. DATE **10/16/2015**

SIMULATOR TEMP (34°C ± 0.2°C) **34.0** °C SIMULATOR SN **SD2505** EXP. DATE **01/23/2015**

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 • .101%	TEST 2 • .102%	TEST 3 • .102%
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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 <input checked="" type="checkbox"/> (0-.04)	<input checked="" type="checkbox"/> (.05-.09)	<input checked="" type="checkbox"/> (.10-.14)	<input checked="" type="checkbox"/> (.15-.19)	<input checked="" type="checkbox"/> OVER .19
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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 <i>Bernie Clayton</i>	PRINT FULL NAME BERNIE CLAYTON
TYPE II PERMIT NUMBER/EXPIRATION DATE 220414 12/27/2014	TELEPHONE NUMBER (636) 528-4725
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

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
BAC DATA MASTER SERIAL NUMBER 940259
07/24/14

TESTING OFFICER:
CLAYTON/BERNE
OFFICER I.D.: 131
PERMIT NUMBER: 220414
EXPIRATION DATE: 12/27/14
MISCELLANEOUS DATA:

--- SUPERVISOR NAME ---

TEST TYPE	VERIFIED	TIME
BLANK TEST	.000	17:42
INTERNAL STANDARD		17:42
EXTERNAL STANDARD	.101	17:42
BLANK TEST	.000	17:43
EXTERNAL STANDARD	.102	17:44
BLANK TEST	.000	17:45
EXTERNAL STANDARD	.102	17:45
BLANK TEST	.000	17:45

N = 3
SUM = .1
AVG = .1016

Operator Signature

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
BAC DATA MASTER SERIAL NUMBER 940259
07/24/14
17:38

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS
SAMPLE CHAMBER: 49C

FLOW DETECTOR: OKAY

PUMP
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

SURRTZ STANDARD: OKAY

CALIBRATION: OKAY

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

Operator Signature

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BAC INSTRUMENT SERIAL NUMBER 940258
07/24/14

ARREST TIME: 17:15
SUBJECT NAME:
RFI/TEST

DOB: 01/01/91 SEX: M
STATE/D.L.: MO/123456789

ARRESTING OFFICER:
CLAYTON/BERNIE
OFFICER I.D.: 131

TESTING OFFICER:
CLAYTON/BERNIE
OFFICER I.D.: 131

PERMIT NUMBER: 220414
EXPIRATION DATE: 12/27/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 17:53
INTERNAL STANDARD VERIFIED
RADIO INTERFERENCE

Operator Signature 

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BAC INSTRUMENT SERIAL NUMBER 940258
07/24/14

ARREST TIME: 17:15
SUBJECT NAME:
TEST

DOB: 01/01/91 SEX: M
STATE/D.L.: MO/123456789

ARRESTING OFFICER:
CLAYTON/BERNIE
OFFICER I.D.: 131

TESTING OFFICER:
CLAYTON/BERNIE
OFFICER I.D.: 131

PERMIT NUMBER: 220414
EXPIRATION DATE: 12/27/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 17:54
INTERNAL STANDARD VERIFIED
SUBJECT SAMPLE .000 17:54
BLANK TEST .000 17:55

Operator Signature 



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-684-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13280 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1217% (w/vol) ethyl alcohol. The expiration date for this lot number is October 16, 2015 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



P E R M I T
TYPE II



BERNIE CLAYTON

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 12/27/2012

Number 220414

Expires 12/27/2014

Director of State Public Health Laboratory

ACTING DIRECTOR

Director, Department of Health