



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

RECEIVED 1/22/14-CD

**REVIEWED**  
 By Carol Day at 12:27 pm, Feb 04, 2014  
REPORT #9

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 940813	NAME OF AGENCY Charleston D.P.S.	DATE OF INSPECTION 01/10/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 204 N Main St. Charleston		TIME OF INSPECTION 16:43

**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>01/10/2014 16:43</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>49°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>13100</u> EXP. DATE <u>04/23/2015</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>01/11/2014</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)

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 <u>.103</u>	TEST 2 <u>.103</u>	TEST 3 <u>.104</u>
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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)	1	(.05-.09)	0	(.10-.14)	1	(.15-.19)	0	OVER .19	0
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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).

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>Brian K. Bickford Jr.</i>	PRINT FULL NAME Brian K. Bickford Jr.
TYPE II PERMIT NUMBER/EXPIRATION DATE 220382 / 11/13/2014	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.**

600 NORTH 6TH STREET • HARRISBURG, PA 17114-4511 • TELEPHONE 717-594-6470

## CERTIFICATE OF ANALYSIS

### Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13100 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 29, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is April 23, 2015 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 Certified 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 940183  
01/10/14

TESTING OFFICER:  
BICKFORD/BRIAN/K/JR  
OFFICER I.D.: 213  
PERMIT NUMBER: 220382  
EXPIRATION DATE: 11/13/14  
MISCELLANEOUS DATA:  
CAL CHECK

--- SUPERVISOR MODE ---

BLANK TEST	.000	16:46
INTERNAL STANDARD	VERIFIED	16:46
EXTERNAL STANDARD	.103	16:46
BLANK TEST	.000	16:47
EXTERNAL STANDARD	.103	16:47
BLANK TEST	.000	16:48
EXTERNAL STANDARD	.104	16:48
BLANK TEST	.000	16:49

N = 3  
SIM. = .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  
01/10/14  
16:49

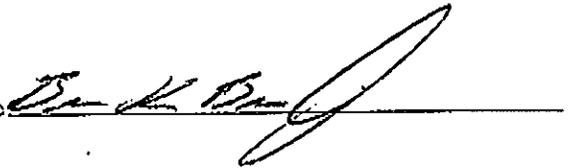
--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	49c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

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

Operator Signature



Face This Side Down - This Edge In First

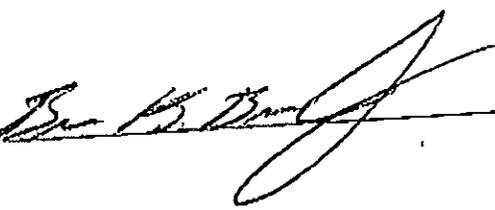
**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
CHARLESTON DEPARTMENT OF PUBLIC SAFETY  
BAC DATAMASTER SERIAL NUMBER 940183  
01/18/14

ARREST TIME: 16:00  
SUBJECT NAME:  
DOE/JOHN/A  
DOB: 01/01/01      SEX: M  
STATE/D.L.: MO/123456789  
ARRESTING OFFICER:  
DOE/JANE/B  
OFFICER I.D.: 123  
TESTING OFFICER:  
BICKFORD/BRIAN/K/JR  
OFFICER I.D.: 213  
PERMIT NUMBER: 220382  
EXPIRATION DATE: 11/19/14  
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 577.020 through 577.041, RSMo 1986.

Date 11/13/2012

Number 220384

Expires 11/13/2014

MO 880-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (A7-88)