



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

RECEIVED
 By Carol Day at 10:50 am, Aug 05, 2014
 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 <u>950022</u>	NAME OF AGENCY <u>V. Sullivan Police Dept</u>	DATE OF INSPECTION <u>8-4-2014</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>47 Missouri Ave Viburnum Mo 65556</u>		TIME OF INSPECTION <u>1622</u>

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>8-4-14 2622</u>
<input type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <u>49</u> °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input type="checkbox"/> FLOW DETECTOR	<input type="checkbox"/> CALIBRATION
<input type="checkbox"/> PUMP HIGH SPEED	<input type="checkbox"/> PRINTER
<input type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Smith Lab</u>	LOT # <u>23290</u> EXP. DATE <u>20-29-25</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C	SIMULATOR SN <u>SD2759</u> EXP. DATE <u>7-30-25</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 ±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 <u>.202</u>	TEST 2 <u>.101</u>	TEST 3 <u>.101</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 <u>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	OVER .19 <u>0</u>
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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 <u>[Signature]</u>	PRINT FULL NAME <u>Charles N. Haldrick</u>
TYPE # PERMIT NUMBER/EXPIRATION DATE <u>230 247 7-25-25</u>	TELEPHONE NUMBER <u>573-244-5220</u>
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 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-664-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 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.

BAC DataMaster Evidence Ticket

STATE OF MISSISSIPPI
MEMPHIS POLICE DEPARTMENT

OFFICE OF THE ATTORNEY GENERAL
MEMPHIS, TENNESSEE
08/05/14
16128

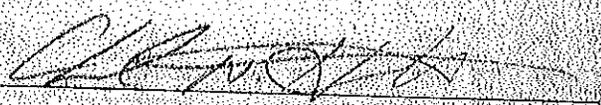
DISCRETE TICKET

COMPUTER	OKAY
PROGRAM (04-07-2005)	OKAY
RETRY	
SAMPLE HARDWARE	OK
REU DETECTOR	OKAY
TEMP	
NOISE SPEED	OKAY
DETECTOR	OKAY
FILTER	OKAY
REFERENCE STANDARD	OKAY
CALIBRATION	OKAY

PRINTER TEST

MEMPHIS POLICE DEPARTMENT
MEMPHIS, TENNESSEE

Operator Signature



BAC DataMaster Evidence Ticket

STATE OF PENNSYLVANIA
MUNICIPAL POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 953011
02/24/88

TESTING OFFICER:
HEATHER JOHNSON
OFFICER I.D. # 201
PERMIT NUMBER 953011
EXPIRATION DATE 07/25/89
ACCESSION DATE:

----- SUPERVISOR MODE -----

BLANK TEST	1.000	161.38
INTERNAL STANDARD	VERIFIED	161.38
ZINCAL STANDARD	1.122	159.29
BLANK TEST	1.000	161.40
INTERNAL STANDARD	1.121	159.41
BLANK TEST	1.000	161.42
INTERNAL STANDARD	1.121	159.43
BLANK TEST	1.000	161.43

S.M. = 1
B.V. = 10.3

Operator Signature



Place This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF PENNSYLVANIA
MIDDLETOWN POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 090011
24713724

AGENT TIME 1540
SUBJECT NAME
EDRICK
DATE 09/09/09 10:54 AM
STATE P.L.: PD 090705-011
ARRESTING OFFICER
EDRICK
OFFICER I.D.# 100