



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

RECEIVED REPORT #6
 By Carol Day at 1:08 pm, Apr 16, 2014

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 950053	NAME OF AGENCY Centralia Police Department	DATE OF INSPECTION 04/16/2013
LOCATION OF INSTRUMENT (STREET AND CITY) 114 S Rollins St, Centralia		TIME OF INSPECTION 12:37 pm

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) 04/16/2013 12:37
<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

<input checked="" type="checkbox"/> INDICATOR LIGHTS
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 14030 EXP. DATE 01/20/2016
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN 094948 EXP. DATE 03/11/2015

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 <input checked="" type="checkbox"/> .101	TEST 2 <input checked="" type="checkbox"/> .102	TEST 3 <input checked="" type="checkbox"/> .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	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.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).

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Timothy Kribbs
TYPE II PERMIT NUMBER/EXPIRATION DATE 230007 01/10/2015	TELEPHONE NUMBER (573) 682-2132

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



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

2

PERMIT
 TYPE II

TIMOTHY M KRIBBS

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 alcohol 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 01/10/2013

NUMBER 230007

EXPIRES 01/10/2015

10050-0271 (9-10)

Timothy M. Kribbs

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Shad Webster

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

10054-05709



GUTH LABORATORIES, INC.

590 NORTH 67th 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 FNI22211-02 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
CENTRALIR POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950053
04/16/14

ARREST TIME: 09:01
SUBJECT NAME: DOE/JOHN
DOB: 01/01/80 SEX: M
STATE/D.L.: MO/R123456
ARRESTING OFFICER: KRIBBS/TIM
OFFICER I.D.: 676
TESTING OFFICER: KRIBBS/TIM
OFFICER I.D.: 676
PERMIT NUMBER: 230007
EXPIRATION DATE: 01/10/15
MISCELLANEOUS DATA:
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST .000 12:46
INTERNAL STANDARD VERIFIED
RADIO INTERFERENCE 12:46

OPERATOR SIGNATURE

CARD STK # REORDER ALL SUPPLIES FROM N.P.A.S.
9250 NINDTU MAINI MAANICICI N NU 11009 410 509 6707 (M.D.A.C)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
CENTRALIR POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950053
04/16/14
12:37

--- 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

! " # % & ' () * + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G
H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` a b c d e f g h i j k l m n o
p q r s t u v w x y z { | } ~ * * * * *

OPERATOR SIGNATURE

CARD STK # REORDER ALL SUPPLIES FROM N.P.A.S.
9250 NINDTU MAINI MAANICICI N NU 11009 410 509 6707 (M.D.A.C)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
CENTRAL IR POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 950053
04/16/14

TESTING OFFICER:
KRIBBS/TIM
OFFICER I.D.# 676
PERMIT NUMBER: 230007
EXPIRATION DATE: 01/10/15
MISCELLANEOUS DATA:

--- SUPERVISOR NAME ---

TEST TYPE	READING	VERIFIED	TIME
BLANK TEST	.000		12:40
INTERNAL STANDARD			12:40
EXTERNAL STANDARD	.191		12:41
BLANK TEST	.000		12:41
EXTERNAL STANDARD	.192		12:42
BLANK TEST	.000		12:42
EXTERNAL STANDARD	.192		12:43
BLANK TEST	.000		12:43

N = 3
SIM. = .1
RWS. = .1016

OPERATOR SIGNATURE

