



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

REPORT #6

RECEIVED
 By Carol Day at 11:01 am, Jan 13, 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 950073	NAME OF AGENCY Gerald Police Dept.	DATE OF INSPECTION 01/03/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 106 E. Fitzgerald Gerald, MO -- Gerald PD		TIME OF INSPECTION 8:49 am

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>01/03/14 08:49</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</u> °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 <u>Guth Laboratories</u> LOT # <u>12040</u> EXP. DATE <u>03/07/2014</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>G6779</u> EXP. DATE <u>05/09/2014</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 ← .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	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 Tommie Lowe
TYPE II PERMIT NUMBER/EXPIRATION DATE 220041 02/09/2014	TELEPHONE NUMBER (573) 764-3424

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

FACE THIS SIDE DOWN - THIS EDGE IN FIRE

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 950073
01/03/14

ARREST TIME: 08:00
SUBJECT NAME:
TEST/ME
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/123456
ARRESTING OFFICER:
LOWE/T/J
OFFICER I.D.: 805
TESTING OFFICER:
LOWE/T/J
OFFICER I.D.: 805
PERMIT NUMBER: 220041
EXPIRATION DATE: 02/09/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 08:15
INTERNAL STANDARD VERIFIED 08:15
RADIO INTERFERENCE

OPERATOR SIGNATURE
CARD STK # 60036
REORDER ALL SUPPLIES FROM M.P.A.S.
P.O. BOX 1485, MANSFIELD, OH 44901 PHONE 1-800-800-814

Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 950073
01/03/14
08:49

--- 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[\]^_`abcdefghijklmnopqrstuvwxyz{|}~

Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 950073
01/03/14

TESTING OFFICER:
LOWE/T/J
OFFICER I.D.: 805
PERMIT NUMBER: 220041
EXPIRATION DATE: 02/09/14
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST .000 08:51
INTERNAL STANDARD VERIFIED 08:51
EXTERNAL STANDARD .101 08:52
BLANK TEST .000 08:52
EXTERNAL STANDARD .102 08:53
BLANK TEST .000 08:54
EXTERNAL STANDARD .102 08:54
BLANK TEST .000 08:55

N = 3
SIM. = .1
AVG. = .1016



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **12040** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 9, 2012**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1211%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 7, 2014** 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 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



TOMMIE LOWE

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 02/09/2012

Number 220041

Expires 02/09/2014

Director of State Public Health Laboratory

Director, Department of Health