



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

RECEIVED
 By Carol Day at 11:38 am, Feb 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 950073	NAME OF AGENCY Gerald Police Dept.	DATE OF INSPECTION 02/04/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 106 E. Fitzgerald Gerald, MO 63037 -- Gerald PD		TIME OF INSPECTION 2:50 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) <u>02/04/14 14:50</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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 12040 EXP. DATE 03/07/2014

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD1437 EXP. DATE 12/30/2014

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 .102	TEST 2 .102	TEST 3 .101
--------------	--------------	--------------

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)	1	(.10-.14)	0	(.15-.19)	0	OVER .19	0
----------	---	---------	---	-----------	---	-----------	---	-----------	---	----------	---

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 240009 01/14/2016	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 FIRST

BAC DataMaster
Evidence Ticket

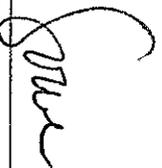
STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 950073
02/04/14
14:50

--- 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[\]^_`abcdefg hijklmnop
qrsstuvwxyz{|}~**

OPERATOR SIGNATURE



ITK # REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901 PHONE 1-800-800-8143 (N.P.A.S)

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 950073
02/04/14

TESTING OFFICER:
LOWE/T/J
OFFICER I.D.: 805
PERMIT NUMBER: 240009
EXPIRATION DATE: 01/14/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	14:59
INTERNAL STANDARD	VERIFIED	15:00
EXTERNAL STANDARD	.102	15:00
BLANK TEST	.000	15:01
EXTERNAL STANDARD	.102	15:01
BLANK TEST	.000	15:02
EXTERNAL STANDARD	.101	15:02
BLANK TEST	.000	15:03

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



STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 950073
02/04/14

ARREST TIME: 00:00
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: 240009
EXPIRATION DATE: 01/14/16
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	15:06
INTERNAL STANDARD	VERIFIED	15:06
RADIO INTERFERENCE		

OPERATOR SIGNATURE





GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

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 AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM



PERMIT
TYPE II
TOMMIE LOWE

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 alcoholic 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 1/14/2014

NUMBER 240009

EXPIRES 1/14/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator **LOWE, TOMMIE**
 Permit No **240009**
 Date Issued **1/14/2014** Date Expires **1/14/2016**