



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

RECEIVED REPORT #6
 By Carol Day at 8:08 am, Apr 03, 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 950081	NAME OF AGENCY Butler Police Dept.	DATE OF INSPECTION 04/02/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 309 N. Fulton Butler, MO 64730		TIME OF INSPECTION 8:01 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) 04/02/2014 20:01
<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 _____ 50 °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 Inc.</u> LOT # <u>13010</u> EXP. DATE <u>01/09/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD2302</u> EXP. DATE <u>02/12/2015</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 ● .101	TEST 3 ● .100
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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)	1	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).

Maintenance completed satisfactorily - instrument returned to service

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Mark A. Frost CPL#39
TYPE II PERMIT NUMBER/EXPIRATION DATE 230063 04/23/2015	TELEPHONE NUMBER (660) 679-6131

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

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BUTLER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950081
04/02/14

TESTING OFFICER:
FROST
OFFICER I.D.: 39
PERMIT NUMBER: 230063
EXPIRATION DATE: 04/23/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	20:04
INTERNAL STANDARD	VERIFIED	20:04
EXTERNAL STANDARD	.101	20:05
BLANK TEST	.000	20:06
EXTERNAL STANDARD	.101	20:06
BLANK TEST	.000	20:07
EXTERNAL STANDARD	.100	20:07
BLANK TEST	.000	20:08

N = 3
SIM. = .1
AVG. = .1006

Operator Signature
Printed on recycled paper with agr-based inks

CPL #39
CMSU 2208-02

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BUTLER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950081
04/02/14
20:01

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HEATERS
SAMPLE CHAMBER: 50c
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

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

Operator Signature
Printed on recycled paper with agr-based inks

CPL #39
CMSU

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BUTLER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950081
04/02/14

ARREST TIME: 19:30
SUBJECT NAME:
RFI/SOBER/TEST
DOB: 02/05/86 SEX: M
STATE/D.L.: MO/P066270192
ARRESTING OFFICER:
FROST
OFFICER I.D.: 39
TESTING OFFICER:
FROST
OFFICER I.D.: 39
PERMIT NUMBER: 230063
EXPIRATION DATE: 04/23/15
MISCELLANEOUS DATA:
SOBER TEST
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	20:12
INTERNAL STANDARD	VERIFIED	20:12
SUBJECT SAMPLE	.000	20:12
RADIO INTERFERENCE		

Operator Signature

Printed on recycled paper with agrl-based ink


CPL #39
CMSU 2208-02



GUTH LABORATORIES, INC.

690 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 13010 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 14, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1218% (w/vol) ethyl alcohol. The expiration date for this lot number is January 9, 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.



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

2

**PERMIT
TYPE II**

MARK A FROST

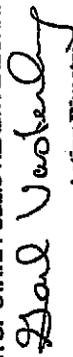
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

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 04/23/2013
NUMBER 230063
EXPIRES 04/23/2015


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


Acting Director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RB-10)

MO 580-0771 (6-10)