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

DATAMASTER MAINTENANCE REPORT

RECEIVED 7/7/14-CD

REVIEWED
By Carol Day at 3:14 pm, Jul 21, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 day
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	NAME OF AGENCY	DATE OF INSPECTION
950083	Troop C HQ	06/16/2014
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
2920 North Shamrock Road, Jefferson City		17:04

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.

- [x] DIAGNOSTIC CHECK (PRINTOUT ATTACHED) — DATE AND TIME (from printout) 06/16/2014 @ 17:04
  - [x] COMPUTER
  - [x] DETECTOR
  - [x] PROGRAM
  - [x] FILTERS
  - [x] HEATERS SAMPLE CHAMBER +50°C
  - [x] QUARTZ STANDARD
  - [x] FLOW DETECTOR
  - [x] CALIBRATION
  - [x] PUMP HIGH SPEED
  - [x] PRINTER
- [x] INDICATOR LIGHTS
- [x] SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 13280 EXP. DATE 10/16/2015
- [x] SIMULATOR TEMP (34°C ± 0.2°C) +34.00°C SIMULATOR SN MP2053 EXP. DATE 05/13/2015
- [x] 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)

- [x] 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	TEST 2	TEST 3
.101	.100	.100

- [x] 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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	OVER .19
0	0	0	0	0	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).

Adjusted printer head for proper alignment to evidence ticket. Replaced two Drusz anchors on metal cover which were loose. Removed sheared grounding screw from metal cover threading and replaced. Replaced RAM IC. Calibrated instrument.

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME
Dewayne D. Carver	Dewayne D. Carver
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
230101 05/28/2015	(573) 751-4722

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.
560 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 **13280** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 18, 2013,** using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1217%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 16, 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.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 950083
06/16/14
17:04

--- 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:;<=>?@ABCDEFG
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmno
pqrstuvwxyz{|}~

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 950083
06/16/14

TESTING OFFICER:
CARVER/DEWAYNE/D
OFFICER I.D.: C41
PERMIT NUMBER: 230101
EXPIRATION DATE: 05/28/15
MISCELLANEOUS DATA:
.100 VAPOR ACCURACY CHECK
GUTH LABS LOT 13280 EXP 10/16/2015

--- SUPERVISOR MODE ---

BLANK TEST	.000	17:08
INTERNAL STANDARD	VERIFIED	17:08
EXTERNAL STANDARD	.101	17:08
BLANK TEST	.000	17:09
EXTERNAL STANDARD	.100	17:09
BLANK TEST	.000	17:10
EXTERNAL STANDARD	.100	17:10
BLANK TEST	.000	17:11

N = 3
SIM. = .1
AVG. = .1003

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 950083
06/16/14

ARREST TIME: 00:00
SUBJECT NAME:
X
DOB: 01/01/01 SEX: M
STATE/D.L.: XX/X
ARRESTING OFFICER:
X
OFFICER I.D.: X
TESTING OFFICER:
CARVER/DEWAYNE/D
OFFICER I.D.: C41
PERMIT NUMBER: 230101
EXPIRATION DATE: 05/28/15
MISCELLANEOUS DATA:
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	17:13
INTERNAL STANDARD	VERIFIED	17:13
SUBJECT SAMPLE	.000	17:13
RADIO INTERFERENCE		

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

2

PERMIT

TYPE II

DEWAYNE D CARVER

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

ALCO-SENSOR IV W/PRINTER, DATAMASTER, INTOX DMT

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 05/28/2013

NUMBER 230101

EXPIRES 05/28/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R5-10)