



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

received 3/6/14-cd
 REPORT #6

REVIEWED
 By Carol Day at 11:14 am, Mar 19, 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 950090	NAME OF AGENCY Phelps Co. Sheriff's Dept.	DATE OF INSPECTION 2-27-14
LOCATION OF INSTRUMENT (STREET AND CITY) 500 W. 2ND, Rolla, Mo 65401		TIME OF INSPECTION 1052

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) 2-27-14 1052
<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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER **Guth Labs** LOT # **13010** EXP. DATE **1-9-15**

SIMULATOR TEMP (34°C ± 0.2°C) **34** °C SIMULATOR SN **5D 2275** EXP. DATE **1-29-15**

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 .104	TEST 3 .103
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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-.04) —	(.05-.09) —	(.10-.14) —	(.15-.19) —	OVER .19 —
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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 <i>[Signature]</i>	PRINT FULL NAME Paul J. Lambert
TYPE II PERMIT NUMBER/EXPIRATION DATE 220164 7-6-14	TELEPHONE NUMBER 573-308-6213

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.**

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.

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
PHELPS COUNTY SHERIFF'S DEPT

ZPG DATAMASTER SERIAL NUMBER 952290
02/27/14

ARREST TIME: 09:30
SUBJECT NAME:
JOE/JOHN/R
DOB: 01/21/83 SEX: M
STATE/D.L.I. NO./189456
ARRESTING OFFICER:
LAMBERT/PAUL/J
OFFICER I.D. #: 284
TESTING OFFICER:
LAMBERT/PAUL/J
OFFICER I.D. #: 284
PERMIT NUMBER: 229164
EXPIRATION DATE: 07/26/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Operator Signature

Handwritten signature of Paul Lambert, with the number '204' written below it.

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BUREAU OF MOTOR VEHICLES DEPT

330 INSTRUMENT SERIAL NUMBER 950099
02/27/14

TESTING OFFICER:
LABORATORY OFFICER:
OFFICER ID#: 001
OFFICER NUMBER: 000104
OPERATION DATE: 02/20/14
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	10:55
CUSTOMER STANDARD	VERIFIED	10:55
CUSTOMER STANDARD	.100	10:56
BLANK TEST	.000	10:56
CUSTOMER STANDARD	.100	10:57
BLANK TEST	.000	10:58
CUSTOMER STANDARD	.100	10:59
BLANK TEST	.000	10:59

M = 0
S.M. = 1
S.M. = .100

Operator Signature 

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

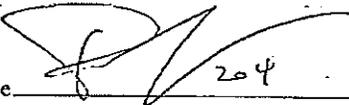
STATE OF MISSISSIPPI
SHELBY COUNTY SHERIFFS OFFICE

BAC DATA MASTER SERIAL NUMBER 88001
02 27 14
10:12

--- DEPARTMENT CHECK ---

COMPUTER:	OKAY
PROPERTY CRASH BY BODY:	OKAY
METERS:	
DRIPLE BURNER:	49c
THERM DETECTOR:	OKAY
FUMP:	
HIGH SPEED:	OKAY
BATTERY:	OKAY
FILTER:	OKAY
MURKLE STANDARD:	OKAY
DELIVERY:	OKAY

PRINTER TEST
***** () **
***** () **
***** () **

Operator Signature  204

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



PAUL J LAMBERT

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 07/06/2012

Number 220164

Expires 07/06/2014

Director of State Public Health Laboratory

Director, Department of Health

MO 580-0771 (7-85)

Lab. 4 (RT-88)