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

DATAMASTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 9:19 am, Feb 06, 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	NAME OF AGENCY	DATE OF INSPECTION
950107	Stone County Sheriff Dept.	02/04/2014
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
P.O. Box 245 or 110 S. Maple St. Galena, Mo. 65656		10:47 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.

- [x] DIAGNOSTIC CHECK (PRINTOUT ATTACHED) — DATE AND TIME (from printout) 02-04-2014/10:47
- [x] COMPUTER — [x] DETECTOR
- [x] PROGRAM — [x] FILTERS
- [x] HEATERS SAMPLE CHAMBER 49 °C — [x] QUARTZ STANDARD
- [x] FLOW DETECTOR — [x] CALIBRATION
- [x] PUMP HIGH SPEED — [x] PRINTER
- [x] INDICATOR LIGHTS
- [x] SIMULATOR SOLUTION SUPPLIER Guth Laboratories Inc. LOT # 12040 EXP. DATE 03/07/2014
- [x] SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN SD2282 EXP. DATE 01/10/2015
- [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
.096	.096	.097

- [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
1	0	0	1	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).

Operates within DOHSS established limits.

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME
Trent Massey	Sgt. Trent Massey #123
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
220218 09/04/2014	(417) 357-6116

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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

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 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°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.

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
STONE COUNTY SHERIFF'S DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950107
02/04/14
10:47

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

or Signature Sgt. Int Massey #123

2208-02

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
STONE COUNTY SHERIFF'S DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950107
02/04/14

TESTING OFFICER:
MASSEY/TRENT
OFFICER I.D.: 123
PERMIT NUMBER: 220218
EXPIRATION DATE: 09/04/14
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	10:50
INTERNAL STANDARD	VERIFIED	10:50
EXTERNAL STANDARD	.096	10:50
BLANK TEST	.000	10:51
EXTERNAL STANDARD	.096	10:52
BLANK TEST	.000	10:52
EXTERNAL STANDARD	.097	10:53
BLANK TEST	.000	10:53

N = 3
SIM. = .1
AVG. = .0963

Operator Signature Sgt. Int Massey #123

2208-0

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
STONE COUNTY SHERIFF'S DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950107
02/04/14

ARREST TIME: 10:25
SUBJECT NAME:
MONTHLY/MAINT
DOB: 02/04/14 SEX: M
STATE/D.L.: MO/1234
ARRESTING OFFICER:
MASSEY/TRENT
OFFICER I.D.: 123
TESTING OFFICER:
MASSEY/TRENT
OFFICER I.D.: 123
PERMIT NUMBER: 220218
EXPIRATION DATE: 09/04/14
MISCELLANEOUS DATA:
SELF TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	10:58
INTERNAL STANDARD	VERIFIED	10:58
SUBJECT SAMPLE	.000	10:58
BLANK TEST	.000	10:59

Operator Signature Sgt. Scott Massey #123

2208-02

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
STONE COUNTY SHERIFF'S DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950107
02/04/14

ARREST TIME: 10:25
SUBJECT NAME:
MONTHLY/MAINT
DOB: 02/04/14 SEX: M
STATE/D.L.: MO/1234
ARRESTING OFFICER:
MASSEY/TRENT
OFFICER I.D.: 123
TESTING OFFICER:
MASSEY/TRENT
OFFICER I.D.: 123
PERMIT NUMBER: 220218
EXPIRATION DATE: 09/04/14
MISCELLANEOUS DATA:
RFI CHECK

--- BREATH ANALYSIS ---

BLANK TEST	.000	10:56
INTERNAL STANDARD	VERIFIED	10:56
RADIO INTERFERENCE		

Operator Signature Sgt. Scott Massey #123

State of Missouri
DEPARTMENT OF HEALTH

2

PERMIT
TYPE II

2

TRENT MASSEY

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

DATAMASTER; ALCO-SENSOR IV W/PRINTER

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 09/04/2012

Number 220218

Expires 09/04/2014

Director of State Public Health Laboratory

Director, Department of Health

MO 580-0771 (7-88)

Lab 4 (07-88)