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

DATAMASTER MAINTENANCE REPORT

RECEIVED REPORT #6
By Carol Day at 11:46 am, Oct 01, 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.	09/30/2014

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
P.O. Box 245 or 110 S. Maple St. Galena, Mo. 65656	5:09 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.

☑ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (from printout) 09-30-2014/17:09

☑ COMPUTER ☑ DETECTOR

☑ PROGRAM ☑ FILTERS

☑ HEATERS SAMPLE CHAMBER 49 °C ☑ QUARTZ STANDARD

☑ FLOW DETECTOR ☑ CALIBRATION

☑ PUMP HIGH SPEED ☑ PRINTER

☑ INDICATOR LIGHTS

☑ SIMULATOR SOLUTION SUPPLIER Guth Laboratories Inc. LOT # 13280 EXP. DATE 10/16/2015

☑ SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN SD2282 EXP. DATE 01/10/2015

☑ 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	TEST 2	TEST 3
.095	.097	.098

☑ 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	1	0	1	1	1

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
Sgt. Trent Massey	Sgt. Trent Massey #123
TYPE IN 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

GUTH LABORATORIES, INC.
660 NORTH 67th STREET • HARRISBURG, PA 17111-4311 • 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, 2013 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 Certiliant Reference Standard lot number FM122211-02 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
STONE COUNTY SHERIFF'S DEPARTMENT

BRC DATAMASTER SERIAL NUMBER 950107
09/30/14
17:09

--- 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{|}~

Operator Signature Det. J.T. Massey #123

2208-02

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
STONE COUNTY SHERIFF'S DEPARTMENT

BRC DATAMASTER SERIAL NUMBER 950107
09/30/14

TESTING OFFICER:
MASSEY/TRENT
OFFICER I.D.: 123
PERMIT NUMBER: 240336
EXPIRATION DATE: 09/15/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	17:24
INTERNAL STANDARD	VERIFIED	17:24
EXTERNAL STANDARD	.095	17:25
BLANK TEST	.000	17:25
EXTERNAL STANDARD	.097	17:26
BLANK TEST	.000	17:27
EXTERNAL STANDARD	.098	17:27
BLANK TEST	.000	17:28

N = 3
STM. = .1
AVG. = .0966

Operator Signature Det. J.T. 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
09/30/14

ARREST TIME: 17:00
SUBJECT NAME:
MAINT/MONTHLY
DOB: 09/30/14 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: 240336
EXPIRATION DATE: 09/15/16
MISCELLANEOUS DATA:
SELF TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	17:42
INTERNAL STANDARD	VERIFIED	17:42
SUBJECT SAMPLE	.000	17:42
BLANK TEST	.000	17:43

Operator Signature Lt. Lt 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
09/30/14

ARREST TIME: 17:00
SUBJECT NAME:
MAINT/MONTHLY
DOB: 09/30/14 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: 240336
EXPIRATION DATE: 09/15/16
MISCELLANEOUS DATA:
RFI CHECK

--- BREATH ANALYSIS ---

BLANK TEST	.000	17:31
INTERNAL STANDARD	VERIFIED	17:31
RADIO INTERFERENCE		

Operator Signature Lt. Lt Massey #123

2208-02

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

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PERMIT
TYPE II

TRENT MASSEY

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 WITH PRINTER, 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 9/15/2014

NUMBER 240336

EXPIRES 9/15/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Gail Vasterling, acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LABS-4 (06-10)