



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

RECEIVED
 By Carol Day at 11:09 am, Nov 13, 2014

REPORT #6

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 950117	NAME OF AGENCY Brookfield Police Department	DATE OF INSPECTION 11/11/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 116 W. Brooks St. Brookfield, MO 64628		TIME OF INSPECTION 2:40 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.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) <u>11/11/14 02:40</u>
<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 <u>49</u> °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</u>	LOT # <u>13290</u> EXP. DATE <u>10/29/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C	SIMULATOR SN <u>093752</u> EXP. DATE <u>03/11/2015</u>
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1 .098	TEST 2 .098	TEST 3 .098
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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)	2	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	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).

This instrument and simulator meet Department of Health standards.

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME Jon Bagley
TYPE PERMIT NUMBER EXPIRATION DATE 240005 01/14/2016	TELEPHONE NUMBER (660) 258-3385

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 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 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.

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
BAC DATA MASTER SERIAL NUMBER 950117
11/11/14

TESTING OFFICER:
BRAGLEY/JON/5
OFFICER I.D.: 250
PERMIT NUMBER: 240005
EXPIRATION DATE: 01/14/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST .000 03:01
INTERNAL STANDARD VERIFIED 03:01
EXTERNAL STANDARD .000 03:01
BLANK TEST .000 03:02
EXTERNAL STANDARD .000 03:02
BLANK TEST .000 03:03
EXTERNAL STANDARD .000 03:04
BLANK TEST .000 03:04

N = 3
SIM. = .1
AVG. = .000

Operator Signature

BAC DataMaster Evidence Ticket

BAC DATA MASTER SERIAL NUMBER 950117

ARREST TIME: 00:01
SUBJECT NAME:
TEST/SUBJECT
DOB: 01/11/95 SEX: M
STATE/D.L.: MO/12345678
ARRESTING OFFICER:
BRAGLEY/JON/5
OFFICER I.D.: 250
TESTING OFFICER:
BRAGLEY/JON/5
OFFICER I.D.: 250
PERMIT NUMBER: 240005
EXPIRATION DATE: 01/14/16
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 03:09
INTERNAL STANDARD VERIFIED 03:09
RADIO INTERFERENCE

Operator Signature

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
BAC DATA MASTER SERIAL NUMBER 950117
11/11/14
02:40

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HEATERS
SAMPLE CHAMBER: 42-
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

!#\$%^&'()*+,-./0123456789:;<=>?@ABCDEF
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefgijklmnop
qrsstuvwxyz{|}~*

Operator Signature



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

**PERMIT
 TYPE II**

JONATHAN G BAGLEY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service 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 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 1/14/2014

NUMBER 240005

EXPIRES 1/14/2016

MO 589-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator **BAGLEY, JONATHAN**
 Permit No **240005**
 Date Issued **1/14/2014** Date Expires **1/14/2016**