



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

**RECEIVED**

By Carol Day at 9:38 am, Apr 11, 2014 #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 950124	NAME OF AGENCY Kirksville Police Department	DATE OF INSPECTION 04/03/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 119 E McPherson, Kirksville, MO, 63501	TIME OF INSPECTION 9:35 am
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**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) 04/03/2014 09:35 am
- COMPUTER       DETECTOR
- PROGRAM       FILTERS
- HEATERS SAMPLE CHAMBER 49 °C       QUARTZ STANDARD
- FLOW DETECTOR       CALIBRATION
- PUMP HIGH SPEED       PRINTER

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER Guth Labs      LOT # 13210      EXP. DATE 07/29/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C      SIMULATOR SN SD2271      EXP. DATE 12/19/2014

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  .101	TEST 2  .102	TEST 3  .102
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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)	16	(.05-.09)	0	(.10-.14)	2	(.15-.19)	0	OVER .19	1
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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 	PRINT FULL NAME Juan B Chairez
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TYPE II PERMIT NUMBER/EXPIRATION DATE 220412      12/27/2014	TELEPHONE NUMBER (660) 785-6945
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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.

680 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13210 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is July 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*

State of Missouri  
DEPARTMENT OF HEALTH



PERMIT  
TYPE II



JUAN B CHAIREZ

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

INTOXILYZER 5000; 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 12/27/2012

Number 220412

Expires 12/27/2014

Director of State Public Health Laboratory

[Signature] ACTING DIRECTOR

Director, Department of Health

LSH 418-251

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

NAME OF OPERATOR: \_\_\_\_\_  
 KIRKWOOD POLICE DEPARTMENT  
 1000 W. 10TH ST. SUITE 100  
 KIRKWOOD, MO 64504  
 PHONE: (816) 433-1100  
 FAX: (816) 433-1101  
 E-MAIL: \_\_\_\_\_  
 OPERATOR: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 TIME: \_\_\_\_\_  
 LOCATION: \_\_\_\_\_  
 TYPE OF EVIDENCE: \_\_\_\_\_  
 QUANTITY: \_\_\_\_\_  
 WEIGHT: \_\_\_\_\_  
 VOLUME: \_\_\_\_\_  
 TEMPERATURE: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 TITLE: \_\_\_\_\_

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 KIRKWOOD POLICE DEPARTMENT  
 1000 W. 10TH ST. SUITE 100  
 KIRKWOOD, MO 64504  
 PHONE: (816) 433-1100  
 FAX: (816) 433-1101  
 E-MAIL: \_\_\_\_\_  
 OPERATOR: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 TIME: \_\_\_\_\_  
 LOCATION: \_\_\_\_\_  
 TYPE OF EVIDENCE: \_\_\_\_\_  
 QUANTITY: \_\_\_\_\_  
 WEIGHT: \_\_\_\_\_  
 VOLUME: \_\_\_\_\_  
 TEMPERATURE: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 TITLE: \_\_\_\_\_

Operator Signature

*J C KPD 383*

Operator Signature

*J C KPD 383*

