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

received 1/29/14-cd

DATAMASTER MAINTENANCE REPORT

REVIEWED REPORT #6
By Carol Day at 2:19 pm, Feb 04, 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
950223	Diamond Police Department	01-20-2014
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
100 N, Washington ST, Diamond, MO. 64840		16:43

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) 1-20-14 @ 16:43
- [x] COMPUTER
- [x] DETECTOR
- [x] PROGRAM
- [x] FILTERS
- [x] HEATERS SAMPLE CHAMBER 48 °C
- [x] QUARTZ STANDARD
- [x] FLOW DETECTOR
- [x] CALIBRATION
- [x] PUMP HIGH SPEED
- [x] PRINTER
- [x] INDICATOR LIGHTS
- [x] SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 12170 EXP. DATE 09-05-2014
- [x] SIMULATOR TEMP (34°C ± 0.2°C) 34.0 C °C SIMULATOR SN SD1918 EXP. DATE 08-11-2009
- [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
.100	.100	.102

- [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
0	0	0	0	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).

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME
Keith J. Brumfield	Keith J. Brumfield
TYPE II PERMIT NUMBER / EXPIRATION DATE	TELEPHONE NUMBER
230140 07-25-2015	417-325-7628

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.
590 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 **12170** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 11, 2012,** using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1215%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 5, 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.

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 AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II
KEITH J BRUMFIELD

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

DATE 7/25/2013

NUMBER 230140

EXPIRES 7/25/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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

MO 580-0771 (6-10)

LAB-4 (R6-10)

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 BRUMFIELD, KEITH
Permit No 230140
Date Issued 7/25/2013 Date Expires 7/25/2015

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
DIAMOND POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950220
01/28/14

TESTING OFFICER:
BRUMFIELD/KEITH/J
OFFICER I.D.: 87
PERMIT NUMBER: 220140
EXPIRATION DATE: 07/25/15
MISCELLANEOUS DATA:

SUPERVISOR MODE

BLANK TEST	.000	16:49
INTERNAL STANDARD	VERIFIED	16:49
EXTERNAL STANDARD	.100	16:49
BLANK TEST	.000	16:50
EXTERNAL STANDARD	.100	16:50
BLANK TEST	.000	16:51
EXTERNAL STANDARD	.100	16:52
BLANK TEST	.000	16:52

N = 2
SIM. = .1
AVG. = .1000

Operator Signature K. Brumfield

2208-02

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
DIAMOND POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950220
01/28/14
16:42

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
[illegible]

Operator Signature [illegible]

2208-02

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
DIAMOND POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER [illegible]
01/26/14

ARREST TIME: 15:15
SUBJECT NAME:
R.F.I.TEST
DOB: [illegible] SEX: M
STATE/D.L.: [illegible]
ARRESTING OFFICER:
[illegible]
OFFICER I.D.: 07
TESTING OFFICER:
SAME
OFFICER I.D.: 07
PERMIT NUMBER: [illegible]
EXPIRATION DATE: [illegible]
MISCELLANEOUS DATA:

TREATY ANALYSIS

BLANK TEST	.000	[illegible]
INTERNAL STANDARD	VERIFIED	[illegible]
RADIO INTERFERENCE		

Operator Signature [illegible]

2208-02