



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

RECEIVED
 By Carol Day at 10:49 am, Aug 05, 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 950223	NAME OF AGENCY DIAMOND Police Department	DATE OF INSPECTION 07-23-2014
LOCATION OF INSTRUMENT (STREET AND CITY) 100 N, Washington St. Diamond, Mo. 64840		TIME OF INSPECTION 19:12

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) 07-23-2014 @ 19:12
<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>48</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 LABS</u> LOT # <u>14110</u> EXP. DATE <u>05-01-2016</u>

<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0C</u> °C SIMULATOR SN <u>SD1918</u> EXP. DATE <u>8-11-2009</u>

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 <u>.100</u>	TEST 2 <u>.101</u>	TEST 3 <u>.101</u>
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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 <u>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	OVER .19 <u>0</u>
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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 <u>Keith Brumfield</u>	PRINT FULL NAME <u>Keith Brumfield</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>230140 07-25-2014</u>	TELEPHONE NUMBER <u>417-499-1495</u>

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: 717-664-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14110 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on May 5, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1206% (w/vol) ethyl alcohol. The expiration date for this lot number is May 1, 2016 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



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

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 DATA MASTER SERIAL NUMBER 958222
07-23-14

TESTING OFFICER:
BRUMFIELD, KEITH W
OFFICER I.D.# 07
PERMIT NUMBER: 208140
EXPIRATION DATE: 07/25/15
MISCELLANEOUS DATA:

SUPERVISOR MODE

BLANK TEST	.000	19:17
INTERNAL STANDARD	VERIFY	19:17
EXTERNAL STANDARD	.100	19:17
BLANK TEST	.000	19:12
EXTERNAL STANDARD	.101	19:10
BLANK TEST	.000	19:19
INTERNAL STANDARD	.101	19:20
BLANK TEST	.000	19:20

11 - 2
SIM. = .1
AVE. = .1000

Operator Signature [Signature]

2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
DIAMOND POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 958222
07-23-14
19:17

DIAGNOSTIC CHECK

COMPUTER:	OKAY
PROGRAM (04 07-2000):	OKAY
MONITOR:	
SAMPLE CHAMBER:	OK
FLOW DETECTOR:	OKAY
PUMP:	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTED TEST

"07/23/14 19:17" 0122453704 10 10000000
BY JCL MINDOOR'S TURNKEYS 701 244-6044 JCL
For Standard 1114

Operator Signature [Signature]

2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
ALAMOND POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 058009
07/20/14

ARREST TIME: 10:10
SUBJECT NAME:
P/F/I-TEST
DOB: 09/07/72 SEX: M
STATE O.B.L.: MO120156
ARRESTING OFFICER:
MUNFOLD/SCITHAM
OFFICER I.D.: 07
TESTING OFFICER:
SOME
OFFICER I.D.: 07
PERMIT NUMBER: 200140
OPERATION DATE: 07/20/14
MISCELLANEOUS DATA:

BREATH ANALYSIS

BLANK TEST	0.000	10:01
INTERNAL STANDARD	VERIFIED	10:04
RADIO INTERFERENCE		

Operator Signature _____