



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

RECEIVED
 By Carol Day at 3:17 pm, Sep 04, 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 960016	NAME OF AGENCY El Dorado Springs Police Department	DATE OF INSPECTION 09/02/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 1207 South Main Street El Dorado Springs		TIME OF INSPECTION 15:09

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>09/02/14 15:11</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>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 <u>Green</u>
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth Laboratories, Inc</u> LOT # <u>14110</u> EXP. DATE <u>05/01/2016</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.04</u> °C SIMULATOR SN <u>SD3146</u> EXP. DATE <u>01/23/2015</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>.096</u>	TEST 2 - <u>.096</u>	TEST 3 - <u>.097</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>10</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).

This instrument meets Department of Health and Senior Services Rules and Regulations.

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Jarrod D. Schiereck
TYPE II PERMIT NUMBER/EXPIRATION DATE 220227 <u>09/05/2013</u>	TELEPHONE NUMBER (417) 876-2313

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.

630 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 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.

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
EL DORADO SPRINGS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 360016
09/02/14

TESTING OFFICER:

SCHIERECK/JARROD/D

OFFICER I.D.# 189

PERMIT NUMBER: 220227

EXPIRATION DATE: 08/05/14

MISCELLANEOUS DATA:

--- SUPERVISOR WIDE ---

BLANK TEST	.000	15:15
INTERNAL STANDARD	VERIFIED	15:15
EXTERNAL STANDARD	.006	15:15
BLANK TEST	.000	15:16
EXTERNAL STANDARD	.006	15:16
BLANK TEST	.000	15:17
EXTERNAL STANDARD	.007	15:17
BLANK TEST	.000	15:18

N = 3
SIM. = .1
AVG. = .0260

Operator Signature 

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
EL DORADO SPRINGS POLICE DEPARTMENT
BAC DATA MASTER SERIAL NUMBER 950016
09/02/14
15:11

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-27-2009): OKAY
HEATERS 4SC
SAMPLE CHAMBER: OKAY
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST
!"@#\$%^&'()*+,-./0123456789:;<=>?@BCDEFG
HIJKLMNOPQRSTUVWXYZ[\]^_`abcde fghijklmnop
qrstuvwxy z{|}~**

Operator Signature



Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
EL DORADO SPRINGS POLICE DEPARTMENT
BAC DATA MASTER SERIAL NUMBER 950016
09/02/14

ARREST TIME: 14:30
SUBJECT NAME: DOE/JANE/A
DOB: 09/08/78 SEX: M
STATE/D.L.: MO/12345678
ARRESTING OFFICER: SCHIERECK/JARRON/D
OFFICER I.D.: 109
TESTING OFFICER: SCHIERECK/JARRON/D
OFFICER I.D.: 109
PERMIT NUMBER: 220227
EXPIRATION DATE: 09/05/14
MISCELLANEOUS DATA:
R.F.I. TEST

--- BREATH ANALYSIS ---

BLANK TEST: 0.000 15:21
INTERNAL STANDARD: VERIFIED 15:01
RADIO INTERFERENCE

Operator Signature



State of Missouri
DEPARTMENT OF HEALTH



PERMIT
TYPE II



JARROD D SCHIERECK

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

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 09/05/2012

Number 220227

Expires 09/05/2014

Director of State Public Health Laboratory

Director, Department of Health