



STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
DATAMASTER MAINTENANCE REPORT

**RECEIVED**

By Carol Day at 9:43 am, Dec 19, 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 960062	NAME OF AGENCY Riverview PD	DATE OF INSPECTION 12/16/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 9699 Lifac Riverview		TIME OF INSPECTION 7:51 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>12/16/2014 07:51</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>Gulh</u> LOT # <u>14220</u> EXP. DATE <u>09/24/2016</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C SIMULATOR SN <u>SD2769</u> EXP. DATE <u>05/19/2015</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 ▾ .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)	0	(.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).

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME Nicholes Alfred
TYPE II PERMIT NUMBER/EXPIRATION DATE 220438 12/27/2014	TELEPHONE NUMBER (314) 868-9130

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.**

530 NORTH 87th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14220 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 25, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1209% (w/vol) ethyl alcohol. The expiration date for this lot number is September 24, 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 FN08051301 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 NEW YORK  
NEW YORK POLICE DEPARTMENT

DRUG CONTROLLED SUBSTANCE NUMBER 999062  
12/16/14

ARREST: (TIME) 07:45  
SUBJECT NAME:  
TEST/ID#:  
DOB: 09/27/66 SEX: M  
STATE/D.L.: NY/220222222  
ARRESTING OFFICER:  
ALFRED/NICK  
OFFICER I.D.: 247  
TESTING OFFICER:  
ALFRED/NICK  
OFFICER I.D.: 247  
PERMIT NUMBER: 220433  
EXPIRATION DATE: 12/27/14  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	08:24
INTERNAL STANDARD	VERIFIED	08:04
SUBJECT SAMPLE	.200	08:05
AUDIO INTERFERENCE		

Operator Signature 

BAC DataMaster  
Evidence Ticket

STATE OF MISSISSIPPI  
SHERIFFS POLICE DEPARTMENT

LABORATORY LEVEL NUMBER: 180002  
12-16-14

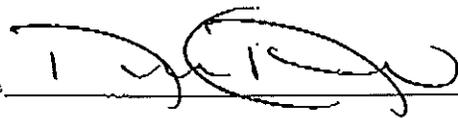
TESTING OFFICER:  
MURDO/ATK  
OFFICER I.D.: 847  
PERMIT NUMBER: 203438  
EXPIRATION DATE: 12/27/14  
MISCELLANEOUS DATA:

--- SUPERVISOR NAME ---

BLANK TEST	.000	07:56
INTERNAL STANDARD	VERIFIED	07:56
EXTERNAL STANDARD	.000	07:56
BLANK TEST	.000	07:57
EXTERNAL STANDARD	.000	07:57
BLANK TEST	.000	07:58
EXTERNAL STANDARD	.000	07:58
BLANK TEST	.000	07:58

H = 0  
SD = .1  
SVC = .000

Operator Signature



BAC DataMaster  
Evidence Ticket

SYSTEM: 11/07/01  
REVISION: 001001

LAB NUMBER: 000001  
DATE: 10/18/04  
TIME: 07:01

DIAGNOSTIC CHECK

COMPUTER: OKAY  
PROGRAM (04-07-1000): OKAY  
HEATERS  
SYMPLE CHAMBER: 40.  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!@#\$%^&\*()~`-./0123456789:;<=>?@ABCDEFGHI  
JKLMNOPQRSTUVWXYZ[\]^\_`abcdefgijklmnop  
qrstuvwxyz{|}~<

Operator Signature \_\_\_\_\_



State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



NICHOLE S C ALLRED

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 12/27/2012  
Number 220438  
Expires 12/27/2014

Director of State Public Health Laboratory

ACTING DIRECTOR

Director, Department of Health