



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

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.

RECEIVED
 By Carol Day at 1:23 pm, Jan 16, 2014

DATAMASTER SN 970038	NAME OF AGENCY NWMSU CAMPUS POLICE DEPARTMENT	DATE OF INSPECTION 01/07/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 800 UNIVERSITY DRIVE/UNIVERSITY POLICE, MARYVILLE, MO 64468		TIME OF INSPECTION 8:44 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>01/07/2014 08:44</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>GUTH LABORATORIES INC.</u> LOT # <u>12100</u> EXP. DATE <u>07/18/2014</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C SIMULATOR SN <u>SD2586</u> EXP. DATE <u>03/27/2014</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>.097</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	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).

BAC DATAMASTER #970038 CONFORMS TO DEPARTMENT OF HEALTH SPECIFICATIONS.

INSPECTING OFFICER	
SIGNATURE <u>W. Wilson</u>	PRINT FULL NAME WAYNE L. WILSON
TYPE II PERMIT NUMBER/EXPIRATION DATE 220241 09/07/2014	TELEPHONE NUMBER (660) 562-3209

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: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **12100** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **July 20, 2012**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1217%** (w/vol) ethyl alcohol. The expiration date for this lot number is **July 18, 2014** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 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



P E R M I T
TYPE II



WAYNE L WILSON

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 09/07/2012

Number 220241

Expires 09/07/2014

Director of State Public Health Laboratory

Director, Department of Health

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
MUMFORD CAMPUS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 970039
01/07/14
08:44

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
MOTOR (04-07-2009): OKAY
HEATERS
SAMPLE CHAMBER: 49c
FLOW DETECTOR: OKAY
MISC
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

!@#\$%^&*()+-,./0123456789:;<=>?`abcdefghijklmnopqrstuvwxyz{|}~' " abcdefghijklmnop
qrstuvwxyz0123456789:;<=>?`abcdefghijklmnopqrstuvwxyz{|}~' " abcdefghijklmnop

OPERATOR SIGNATURE

Stock No.

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
MUMFORD CAMPUS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 970039
01/07/14

TESTING OFFICER:

W. W. S.
OFFICER I.D. # 2002
PERMIT NUMBER: 020242
EXPIRATION DATE: 09/27/14
MISCELLANEOUS DATA:
MONTHLY MAINTENANCE

--- SUPERVISOR NOTE ---

BLANK TEST	.000	09:01
INTERNAL STANDARD	VERIFIED	09:01
EXTERNAL STANDARD	.097	09:01
BLANK TEST	.000	09:02
EXTERNAL STANDARD	.096	09:02
BLANK TEST	.000	09:00
EXTERNAL STANDARD	.097	09:00
BLANK TEST	.000	09:04

W. W. S.
SIM. # 1
QVC # 0966

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
MUNICIPAL CAMPUS POLICE DEPARTMENT

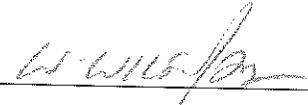
BAC DATAMASTER SERIAL NUMBER 970000
01/07/14

ARREST TIME: 08:45
SUBJECT NAME:
MILSON
DOB: 11/17/71 SEX: M
STATE I.D.: MO-123456789
ARRESTING OFFICER:
MILSON
OFFICER I.D.: 288
TESTING OFFICER:
MILSON
OFFICER I.D.: 288
PERMIT NUMBER: 226241
EXPIRATION DATE: 09/07/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	09:08
INTERNAL STANDARD	VERIFIED	09:08
RADIO INTERFERENCE		

OPERATOR SIGNATURE



Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901