



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

RECEIVED

REPORT #6

By Carol Day at 8:17 am, May 13, 2015

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 201147	NAME OF AGENCY Hermann Police Department	DATE OF INSPECTION 05/08/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 1902 Jefferson Street, Hermann, Mo		TIME OF INSPECTION 8:33 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) 05/08/2015 08:33
<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 _____ 49 °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 Guth Laboratories	LOT # 14200 EXP. DATE 08/05/2016
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C	SIMULATOR SN SD2250 EXP. DATE 09/04/2015
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1 → .097 TEST 2 → .096 TEST 3 → .096

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)	10	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	OVER .19	1
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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).

N/A

INSPECTING OFFICER

SIGNATURE <i>Matthew James Miller</i>	PRINT FULL NAME Matthew James Miller
TYPE II PERMIT NUMBER/EXPIRATION DATE 250062 03/04/2017	TELEPHONE NUMBER (573) 486-2211

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 14200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 6, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1213% (w/vol) ethyl alcohol. The expiration date for this lot number is August 5, 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 FNI22211-02 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.

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

HERMANN PD

BAC DATAMASTER SERIAL NUMBER 861147

05/08/15

09:33

--- 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

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
 KLMNOPQRSTUVWXYZ[\]^_`abcdefgijklmnop
 qrstuvwxyz{|}~

Operator Signature Marcus Mella

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

HERMANN PD

BAC DATAMASTER SERIAL NUMBER 201147

05/08/15

TESTING OFFICER:
MILLER/MATTHEW/J
OFFICER I.D.: 504
PERMIT NUMBER: 250062
EXPIRATION DATE: 03/04/17
MISCELLANEOUS DATA:
MONTHLY MAINTENANCE

--- SUPERVISOR MODE ---

BLANK TEST	.000	09:02
INTERNAL STANDARD	VERIFIED	09:02
EXTERNAL STANDARD	.097	09:02
BLANK TEST	.000	09:03
EXTERNAL STANDARD	.098	09:03
BLANK TEST	.000	09:04
EXTERNAL STANDARD	.096	09:04
BLANK TEST	.000	09:05

N = 3

SIM. = .1

AVG. = .0963

Operator Signature



Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

HERMANN PD
BAC DATAMASTER SERIAL NUMBER 201147
05/08/15

ARREST TIME: 08:00
SUBJECT NAME:
DOE/JOHN/A
DOB: 01/01/90 SEX: M
STATE/D.L. # NO/123456789
ARRESTING OFFICER:
MILLER/MATTHEW/J
OFFICER I.D.: 504
TESTING OFFICER:
MILLER/MATTHEW/J
OFFICER I.D.: 504
PERMIT NUMBER: 250062
EXPIRATION DATE: 03/04/17
MISCELLANEOUS DATA:
RFI TEST

--- BREATH ANALYSIS ---

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

Operator Signature Matthew Miller



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



PERMIT
TYPE II

MATTHEW J MILLER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzers:

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 **3/4/2015**

NUMBER **250062**

EXPIRES **3/4/2017**

DIRECTOR OF STATE HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 **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 **MILLER, MATTHEW**
Permit No **250062**
Date Issued **3/4/2015** Date Expires **3/4/2017**