



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

REPORT #6

RECEIVED

By Carol Day at 7:27 pm, Dec 05, 2015

Complete this report at the time of the regular monthly preventive maintenance. 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 201211	NAME OF AGENCY Bella Villa P.D.	DATE OF INSPECTION 11/26/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 751 Avenue H, Bella Villa, Mo 63125		TIME OF INSPECTION 5:08 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>11/26/2015, 05:08 Hours</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</u> LOT # <u>15120</u> EXP. DATE <u>04/29/2017</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>DR 2765</u> EXP. DATE <u>04/07/2016</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>0.101</u>	TEST 2 <u>0.102</u>	TEST 3 <u>0.102</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	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).

INSPECTING OFFICER	
SIGNATURE	PRINT FULL NAME Peter Palombo
TYPE / PERMIT NUMBER / EXPIRATION DATE 240177 / 04/22/2016	TELEPHONE NUMBER (314) 638-8840

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.

580 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 15120 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on May 4, 2015, 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 April 29, 2017 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.

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

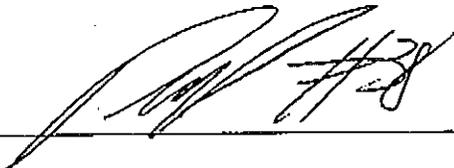
STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201211
11/26/15

ARREST TIME: 00:00
SUBJECT NAME:
SOBER/TEST *8.62*
DOB: 11/11/11 SEX: M
STATE/D.L.: MO/1111
ARRESTING OFFICER:
PALOMBO/P
OFFICER I.D.: 38
TESTING OFFICER:
PALOMBO/P
OFFICER I.D.: 38
PERMIT NUMBER: 240177
EXPIRATION DATE: 04/22/16
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	05:16
INTERNAL STANDARD	VERIFIED	05:17
SUBJECT SAMPLE	.000	05:17
BLANK TEST	.000	05:18

Signature



2208-02

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

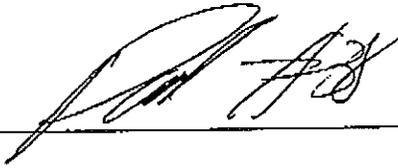
STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201211
11/26/15

ARREST TIME: 00:00
SUBJECT NAME:
RADIO/TEST
DOB: 11/11/11 SEX: M
STATE/D.L.: MO/1111
ARRESTING OFFICER:
PALOMBO/P
OFFICER I.D.: 38
TESTING OFFICER:
PALOMBO/P
OFFICER I.D.: 38
PERMIT NUMBER: 240177
EXPIRATION DATE: 04/22/16
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Operator Signature



2208-02

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201211
11/26/15

TESTING OFFICER:
PALOMBO/P
OFFICER I.D.# 38
PERMIT NUMBER: 240177
EXPIRATION DATE: 04/22/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	05:10
INTERNAL STANDARD	VERIFIED	05:10
EXTERNAL STANDARD	.101	05:11
BLANK TEST	.000	05:11
EXTERNAL STANDARD	.102	05:12
BLANK TEST	.000	05:12
EXTERNAL STANDARD	.102	05:13
BLANK TEST	.000	05:13

N = 3
SIM. = .1
AVG. = .1016

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201211
11/26/15
05:08

--- 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[\]^_`abcdefghijklmnop
qrstuvwxyz{|}~

Signature

2208-02

Operator Signature

2208-02



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 PALOMBO, PETER
Permit No 240177
Date Issued 4/22/2014 Date Expires 4/22/2016