



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 9:56 am, Jun 22, 2015

DATAMASTER SN 201222	NAME OF AGENCY Dixon Police Dept	DATE OF INSPECTION 6/20/15
LOCATION OF INSTRUMENT (STREET AND CITY) 303 South Elm St Dixon Mo 65459		TIME OF INSPECTION 1108

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) 6/20/15 1108
<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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER **Guth Labs** LOT # **15050** EXP. DATE **3/9/17**

SIMULATOR TEMP (34°C ± 0.2°C) **34** °C SIMULATOR SN **SD2279** EXP. DATE **12/3/15**

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 • .095	TEST 2 • .094	TEST 3 • .096
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PERFORM R.F.I. TEST (PRINTOUT ATTACHED) **OK**

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
 (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	(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): **working within Doh spec**

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Mike Plummer
TYPE II PERMIT NUMBER/EXPIRATION DATE 250007 01/02/17	TELEPHONE NUMBER 573-759-6610

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: 717-664-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 15050 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 11, 2015, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1218% (w/vol) ethyl alcohol. The expiration date for this lot number is March 9, 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.

**CERTIFIED ALCOHOL REFERENCE
SOLUTION FOR SIMULATOR**

<u>15050</u>	<u>3/9/15</u>	<u>3/9/17</u>
LOT NO.	MFG. DATE	EXP. DATE

<u>275 Gal.</u>	<u>500 ML</u>	<u> </u>
LOT VOL.	BOT. VOL.	BOT. NO.

When this reference solution is used with a breath simulator certified by Guth Laboratories, a properly operating instrument will read 0.10

For additional information contact:

Guth Laboratories, Inc.
590 North 67th Street, Harrisburg, PA 17111
Toll Free 800-233-2338
Rev. 4/02



Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

DATE OF ANALYSIS: _____
 ANALYST: _____
 CLIENT: _____
 PROJECT: _____
 ANALYSIS TYPE: _____
 ANALYSIS METHOD: _____
 ANALYSIS RESULT: _____

ALCOHOL	0.000	0.000
THC	0.000	0.000
CANNABINOLS	0.000	0.000
MARIJUANA	0.000	0.000
COCAINE	0.000	0.000
HEROIN	0.000	0.000
AMPHETAMINE	0.000	0.000
PHENYLETHYLAMINE	0.000	0.000
BARBITURATES	0.000	0.000

LABORATORY: _____
 SAMPLE NO: _____
 ANALYSIS DATE: _____

Operator Signature _____

2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

DATE OF ANALYSIS: _____
 ANALYST: _____
 CLIENT: _____
 PROJECT: _____
 ANALYSIS TYPE: _____
 ANALYSIS METHOD: _____
 ANALYSIS RESULT: _____

ALCOHOL	0.000	0.000
THC	0.000	0.000
CANNABINOLS	0.000	0.000
MARIJUANA	0.000	0.000
COCAINE	0.000	0.000
HEROIN	0.000	0.000
AMPHETAMINE	0.000	0.000
PHENYLETHYLAMINE	0.000	0.000
BARBITURATES	0.000	0.000

LABORATORY: _____
 SAMPLE NO: _____
 ANALYSIS DATE: _____

Operator Signature _____

2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

DATE OF TEST: _____
TIME OF TEST: _____
TESTER: _____

TESTER'S SIGNATURE: _____

OPERATOR'S SIGNATURE: _____

TESTER'S SIGNATURE: _____
TESTER'S SIGNATURE: _____
TESTER'S SIGNATURE: _____
TESTER'S SIGNATURE: _____

Operator Signature _____