



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

REPORT #8

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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 10:15 am, Jul 27, 2015

DATAMASTER SN 201222	NAME OF AGENCY Dixon Police Dept	DATE OF INSPECTION 7-24-15
LOCATION OF INSTRUMENT (STREET AND CITY) 303 South Elm St Dixon Mo 65459		TIME OF INSPECTION 09:16:27

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) 7/24/15 1624
<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 Crowth Labs	LOT # 1S050	EXP. DATE 3/1/17
<input checked="" type="checkbox"/> 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 • .091	TEST 2 • .094	TEST 3 • .095
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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) 1	(.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: 717-684-5470

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>	
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 TEST: _____

TEST NUMBER: _____
LABORATORY: _____

OFFICER: _____

VEHICLE MAKE: _____

VEHICLE MODEL: _____

VEHICLE COLOR: _____

VEHICLE TYPE: _____

VEHICLE IDENTIFICATION NUMBER: _____

VEHICLE REGISTRATION NUMBER: _____

VEHICLE LICENSE NUMBER: _____

VEHICLE MAKE AND MODEL: _____

VEHICLE COLOR: _____

VEHICLE TYPE: _____

VEHICLE IDENTIFICATION NUMBER: _____

DETAILS: _____

TEST NUMBER: _____
LABORATORY: _____

Operator Signature _____

2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

DATE OF TEST: _____

TEST NUMBER: _____
LABORATORY: _____

OFFICER: _____

VEHICLE MAKE: _____

VEHICLE MODEL: _____

VEHICLE COLOR: _____

VEHICLE TYPE: _____

VEHICLE IDENTIFICATION NUMBER: _____

VEHICLE MAKE AND MODEL: _____

VEHICLE COLOR: _____

VEHICLE TYPE: _____

VEHICLE IDENTIFICATION NUMBER: _____

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VEHICLE MAKE AND MODEL: _____

VEHICLE COLOR: _____

VEHICLE TYPE: _____

VEHICLE IDENTIFICATION NUMBER: _____

VEHICLE MAKE AND MODEL: _____

Operator Signature _____

2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

DATE: 11/11/03
TIME: 10:00 AM
OFFICER: [illegible]

VEHICLE MAKE: [illegible]
VEHICLE MODEL: [illegible]
VEHICLE COLOR: [illegible]
VEHICLE LICENSE: [illegible]
VEHICLE VIN: [illegible]

OFFICER ID: [illegible]

Item	Quantity	Location
Blow test	1	Driver's side
Blow test	1	Passenger side
Blow test	1	Trunk
Blow test	1	Back seat
Blow test	1	Front seat
Blow test	1	Under seat
Blow test	1	Under seat

REMARKS:
[illegible]

Operator Signature

