



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

REPORT #6

RECEIVED

By Carol Day at 12:44 pm, Nov 19, 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 when the instrument is returned to the Breath Alcohol Program.
 Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN 201222	NAME OF AGENCY Dixon Police Department	DATE OF INSPECTION 11/16/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 303 S Elm Dixon, MO 65459		TIME OF INSPECTION 9:19 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) 11/16/2015 09:19
<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 <u>Guth Laboratories Inc</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</u> °C SIMULATOR SN <u>SD2279</u> EXP. DATE <u>12/03/2015</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 ➔ .099	TEST 2 ➔ .099	TEST 3 ➔ .099
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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).

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME John P Meir
TYPE II PERMIT NUMBER/EXPIRATION DATE 240313 07/30/2016	TELEPHONE NUMBER (573) 586-0101

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**

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BLOOD ALCOHOL TEST REPORT - DATAMASTER

FORM #7

SUBJECT'S NAME NOVEMBER MAINT	DATE OF TEST 11-16-2015
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OPERATIONAL CHECKLIST: DATAMASTER

SERIAL NO. 201222	LOCATION OF INSTRUMENT DIXON PD
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- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by N/A. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.
- 3. Assure that the power switch is ON.
- 4. Press RUN button.
- 5. When display requests INSERT TICKET, insert evidence ticket.
- 6. Enter subject and officer information.
- 7. When display reads PLEASE BLOW and gives audible beep, take subject's breath sample.
- 8. When printer has completed printing out test result, remove ticket from printer. Attach printout to this report.

CERTIFICATION BY OPERATOR

BAC

.099

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.
- 4. No radio transmission occurred inside the room where and when this was being conducted.

NAME OF OPERATOR MEIR, John	PERMIT NO. 240313	EXPIRATION DATE 7-30-15
WITNESS (IF ANY) N/A	DATE N/A	



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 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.



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

2

PERMIT
TYPE II
JOHN P MEIR

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

DATAMASTER, INTOX EC/IR II

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 7/30/2014

NUMBER 240313

EXPIRES 7/30/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 MEIR, JOHN
 Permit No 240313
 Date Issued 7/30/2014 Date Expires 7/30/2016

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI

BAC DATAMASTER SERIAL NUMBER 881222

11-16-93

49413

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

ROGRAM (84-87-8885): OKAY

LEATERS

AMPLE CHAMBER: OKAY

LOW DETECTOR: OKAY

JMP

TOR SPEED: OKAY

DETECTOR: OKAY

LTERS: OKAY

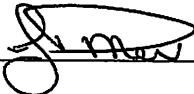
ARTZ STANDARD: OKAY

ROGRAM: OKAY

WINTER TEST

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789:;!@<>KEROJLQFB
[JKLMNOPQRSTUVWXYZ0123456789:;!@<>KEROJLQFB
{rs tuvwxyz0123456789:;!@<>KEROJLQFB

Signature



2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI

BAC DATAMASTER SERIAL NUMBER 881222

11-16-93

TESTING OFFICER:

MEIR/JOHN

OFFICER ID: 330

PERMIT NUMBER: 40013

EXPIRATION DATE: 8/30/94

MISCELLANEOUS DATA:

--- SUPERVISOR CODE ---

BLANK TEST	.000	89115
INTERNAL STANDARD	.000	89116
EXTERNAL STANDARD	.000	89116
BLANK TEST	.000	89117
EXTERNAL STANDARD	.000	89117
BLANK TEST	.000	89118
EXTERNAL STANDARD	.000	89118
BLANK TEST	.000	89119

N = 3

STDEV = .00

AVG. = .000

Operator Signature



2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201222
11/16/15

ARREST TIME: 09:00
SUBJECT NAME:
OFFENSE:
DATE: 11/16/15 SEX: M
DOB: 01/01/1945
MARRIAGE: 01/01/1960
MARRIAGE: 01/01/1960

BLK: 1.63' HT: 170 CM WT: 170 LBS
HAIR: BRN EYES: BRN SKIN: F
RADIO: 11/16/15

Operator Signature 