



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

RECEIVED
 By Carol Day at 2:03 pm, Aug 25, 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 201232	NAME OF AGENCY Salem Police Department	DATE OF INSPECTION 08/15/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 500 North Jackson Street, Salem 65560		TIME OF INSPECTION 11:37 pm

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) 08/15/2015 2337
<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</u> LOT # <u>15050</u> EXP. DATE <u>03/09/2017</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD2774</u> EXP. DATE <u>06/22/2016</u>	
<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 .095	TEST 2 .096	TEST 3 .096
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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	2	(0-.04)	0	(.05-.09)	0	(.10-.14)	3	(.15-.19)	1	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 <i>Robert T. Simpson #105</i>	PRINT FULL NAME Robert T. Simpson
TYPE II PERMIT NUMBER/EXPIRATION DATE 250074 03/31/2017	TELEPHONE NUMBER (573) 729-4242

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 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.

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
SALEM POLICE DEPARTMENT

BPD DATAMASTER SERIAL NUMBER 201532
08/15/15

TESTING OFFICER:
SIMPSON/ROBERT/T
OFFICER I.D.# 105
EMPLOY NUMBER: 252274
EXPIRATION DATE: 28/31/17
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	23:48
INTERNAL STANDARD	VERTICAL	23:48
EXTERNAL STANDARD	.295	23:48
BLANK TEST	.000	23:48
EXTERNAL STANDARD	.296	23:48
BLANK TEST	.000	23:48
EXTERNAL STANDARD	.296	23:48
BLANK TEST	.000	23:48

N = 5
SIN. = .1
RWD. = .0956

Operator Signature *Det. Robert Simpson #105*

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
SALEM POLICE DEPARTMENT

BPD DATAMASTER SERIAL NUMBER 201532
08/15/15
23:37

--- DIAGNOSTIC CHECK ---

COMPILER: OKAY
PROGRAM (24-27-2925): OKAY

HEATERS
SAMPLE CHAMBER: OKAY

FLUID DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY

FILTERS: OKAY

SURFTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST
!***28 (0)*** / 012345678910111213141516171819
ABCDEFGHIJKLMNOPQRSTUVWXYZ\^_`abcdefgijklmnop
qrsvwxyz{|}~*

Operator Signature *Det. Robert Simpson #105*

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
SALEM POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 291232
98/15/15

ARREST TIME: 23:00
SUBJECT NAME:
RFI
DOB: 11/11/11 SEX: M
STATE/D.L.: NA/NA
ARRESTING OFFICER:
NA
OFFICER I.D.: NA
TESTING OFFICER:
SIMPSON/ROBERT/1
OFFICER I.D.: 105
PERMIT NUMBER: 250074
EXPIRATION DATE: 03/31/17
MISCELLANEOUS DATA:
RFI
RFI

----- BREATH ANALYSIS -----

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BLANK TEST	.000	23:45
INTERNAL STANDARD	VERIFIED	23:45
RADIO INTERFERENCE		

Operator Signature

Sgt. Robert Simpson #105



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

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**PERMIT
TYPE II**

ROBERT T SIMPSON

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

INTOX DMT

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 3/31/2015

NUMBER 250074

EXPIRES 3/31/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES