



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

RECEIVED

By Carol Day at 9:50 am, Feb 06, 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 201252	NAME OF AGENCY Vinita Park Police Department	DATE OF INSPECTION 02/06/2015									
LOCATION OF INSTRUMENT (STREET AND CITY) 8473 Midland Blvd, Vinita Park, MO 63114		TIME OF INSPECTION 1:07 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>02/06/15, 01:07</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 _____ 34 °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"/> PRINTOUT										
<input checked="" type="checkbox"/> INDICATOR LIGHTS											
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth Laboratories</u>	LOT # <u>14220</u>	EXP. DATE <u>09/25/2016</u>									
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C	SIMULATOR SN <u>SD2294</u>	EXP. DATE <u>01/09/2016</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 <u>.100</u>	TEST 2 <u>.100</u>	TEST 3 <u>.101</u>									
<input checked="" type="checkbox"/> 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
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 <u>Sgt J. Martin DSN: 220</u>						PRINT FULL NAME Sgt. J. Martin DSN: 220					
TYPE II PERMIT NUMBER/EXPIRATION DATE 230096, 05/28/2015						TELEPHONE NUMBER (314) 428-7373					
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 57th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-664-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14220 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 25, 2014, 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 September 24, 2016 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. Panley, 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.

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 801252
02/06/15

ARREST AGENCY: 001080
SUBJECT NAME: [REDACTED]
JOB: J001
DOB: 10/07/66 SEX: M
STATE: 0114 NO. LICENSE: [REDACTED]
ARRESTING OFFICER: [REDACTED]
MARKING: [REDACTED]
OFFICER I.D. NO.: 880
TESTING OFFICER: [REDACTED]
MARKING: [REDACTED]
OFFICER I.D. NO.: 820
PERMIT NUMBER: 800006
EXPIRATION DATE: 09/30/15
WEIGHT: [REDACTED] INCHES: [REDACTED]
HAIR: [REDACTED] EYES: [REDACTED]

--- BREATH ANALYSIS ---

BLOW TEST: [REDACTED] 01:55
INTERNAL STANDARD: [REDACTED] 01:05
RADIO INTERFERENCE: [REDACTED]

Operator Signature *Sgt J. Matton* 0515 220



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

2

PERMIT
TYPE II

JESSE MARTIN

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

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 05/28/2013

NUMBER 230096

EXPIRES 05/28/2015

MSD-500-0771 (05-10)

W. S. ...

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David V. ...

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (05-10)