



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

RECEIVED
 By Carol Day at 12:33 pm, Jun 02, 2015
 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.

DATAMASTER SN 202091	NAME OF AGENCY DIRECTORATE OF EMER. SERVICES	DATE OF INSPECTION 05/30/2015
LOCATION OF INSTRUMENT (STREET AND CITY) BUILDING 1000, FORT LEONARD WOOD, MO 65473		TIME OF INSPECTION 1:18 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) <u>05/30/2015 01:18PM</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 <u>50</u> °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 LABORATORIES LOT # 14220 EXP. DATE 09/24/2016

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN DR5376 EXP. DATE 10/20/2015

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 ● .105	TEST 2 ● .104	TEST 3 ● .103
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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).

TESTED AND CERTIFIED AS WITHIN GUIDELINES ESTABLISHED BY DHSS

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME ANTHONY J. NARUG
TYPE II PERMIT NUMBER/EXPIRATION DATE 250063 03/04/2017	TELEPHONE NUMBER (573) 596-6141

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

FACET THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster

Evidence Ticket

IR 11 11 11 11 11

FORT LEONARD WOOD
DIRECTORATE OF EMERGENCY SERVICES

BAC DATAMASTER SERIAL NUMBER 202091

05/30/15

13:19

--- DIAGNOSTIC CHECK ---
COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS
SAMPLE CHAMBER: OKAY

FLOW DETECTOR: OKAY

PUMP
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST
!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEF
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdetghijklmno
pqrstuvwxyz{|}~

OPERATOR SIGNATURE

Card Stock No. 60021
REORDER ALL SUPPLIES FROM N7AS
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

FORT LEONARD WOOD
DIRECTORATE OF EMERGENCY SERVICES
BAC DATAMASTER SERIAL NUMBER 202091
05/30/15

ARREST TIME: 00:11
SUBJECT NAME:
RFI/TEST
DOB: 01/23/45 SEX: M
DATE/D.L.: MO/12345
ARRESTING OFFICER:
W

OFFICER I.D.: W
TESTING OFFICER:
NARUG/ANTHONY
OFFICER I.D.: M3343
PERMIT NUMBER: 250063
EXPIRATION DATE: 04/04/17
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 13:40
INTERNAL STANDARD VERIFIED 13:40
RADIO INTERFERENCE

OPERATOR SIGNATURE


FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

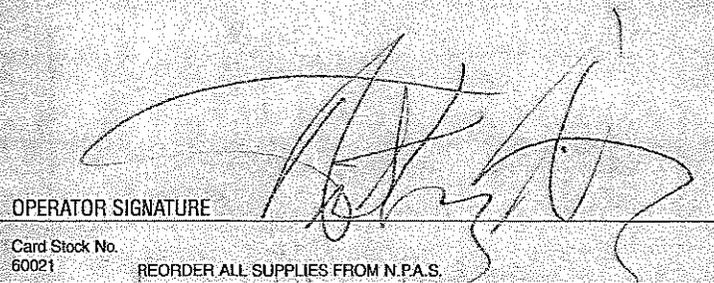
FORT LEONARD WOOD
DIRECTORATE OF EMERGENCY SERVICES
BAC DATAMASTER SERIAL NUMBER 202091
05/30/15

TESTING OFFICER:
NARUG/ANTHONY
OFFICER I.D.: M3343
PERMIT NUMBER: 250063
EXPIRATION DATE: 03/04/17
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST .000 13:43
INTERNAL STANDARD VERIFIED 13:43
EXTERNAL STANDARD .105 13:44
BLANK TEST .000 13:44
EXTERNAL STANDARD .104 13:45
BLANK TEST .000 13:45
EXTERNAL STANDARD .103 13:46
BLANK TEST .000 13:46

N = 3
SIM. = .1
AVG. = .104

OPERATOR SIGNATURE




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 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. 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

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PERMIT
TYPE II

ANTHONY NARUG

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 306.113 RSMo.

DATE 3/4/2015

NUMBER 250063

EXPIRES 3/4/2017

MO 585-0771 (5-12)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

, acting director.
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-106-10

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 NARUG, ANTHONY
Permit No 250063
Date Issued 3/4/2015 Date Expires 3/4/2017