



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

RECEIVED REPORT #6
 By Carol Day at 12:30 pm, Jun 05, 2015

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.

DATAMASTER SN 931124	NAME OF AGENCY Bowling Green Police Department	DATE OF INSPECTION 05/30/2015
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LOCATION OF INSTRUMENT (STREET AND CITY) 15 West Church Street, Bowling Green	TIME OF INSPECTION 1:05 am
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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) 05-30-2015, 01:05
<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 48 °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 Labs, Inc. LOT # 13290 EXP. DATE 10/29/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD 2507 EXP. DATE 01/15/2016

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 • .100
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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 1	(0-.04) 6	(.05-.09) 1	(.10-.14) 0	(.15-.19) 0	OVER .19 2
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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).

(5 self-tests conducted as part of Type III renewal, 1 invalid sample logged)
 Simulator checked on January 15, 2015 by Dan Lucas--MO Safety Center

INSPECTING OFFICER

SIGNATURE <i>R. E. Owen #511</i>	PRINT FULL NAME R.E. Owen
TYPE II PERMIT NUMBER/EXPIRATION DATE 240346 09/23/2016	TELEPHONE NUMBER (573) 324-3200

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

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
DOWLING GREEN POLICE DEPARTMENT

DAC DATAMASTER SERIAL NUMBER 931124
05/30/15

ARREST TIME: 08:00
SUBJECT NAME:
SAMPLE
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/ANN
ARRESTING OFFICER:
DUIEN/R/E
OFFICER I.D.: 511
TESTING OFFICER:
S/M/E
OFFICER I.D.: 511
PERMIT NUMBER: 240346
EXPIRATION DATE: 09/23/16
MISCELLANEOUS DATA:
RFI CHECK

BREATH ANALYSIS
BLANK TEST .000
INTERNAL STANDARD VERIFIED
RADIO INTERFERENCE

R. E. Dan 511

Operator Signature

B
1

STATE OF MISSOURI
DOWLING GREEN POLICE DEPARTMENT

DAC DATAMASTER SERIAL NUMBER 931124
05/30/15
01:05

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HEATERS
SAMPLE CHAMBER: 48c
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

! " # \$ % & ' () * + , - . / 0 1 2 3 4 5 6 7 8 9 : ; (=) ? @ A B C D E F
G H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` a b c d e f g h i j k l m n
o p q r s t u v w x y z { | } ~ * + , - . / 0 1 2 3 4 5 6 7 8 9 : ; (=) ? @ A B C D E F

STATE OF MISSOURI
DOWLING GREEN POLICE DEPARTMENT

DAC DATAMASTER SERIAL NUMBER 931124
05/30/15

TESTING OFFICER:
OWEN/R/E
OFFICER I.D.: 511
PERMIT NUMBER: 240346
EXPIRATION DATE: 09/23/16
MISCELLANEOUS DATA:
MAINTENANCE CHECK

--- SUPERVISOR MODE ---

BLANK TEST	.000	02:05
INTERNAL STANDARD	VERIFIED	02:06
EXTERNAL STANDARD	.000	02:06
BLANK TEST	.000	02:07
EXTERNAL STANDARD	.000	02:07
BLANK TEST	.000	02:08
EXTERNAL STANDARD	.100	02:08
BLANK TEST	.000	02:09

N = 3
SIN. = .1
AVG. = .0099

**CERTIFIED ALCOHOL REFERENCE
SOLUTION FOR SIMULATOR**

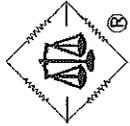
13290 10/29/13 10/29/15
LOT NO. MFG. DATE EXP. DATE

275 Gal. 500 ML. BOT. NO.
LOT VOL. BOT. VOL.

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



s Inc

7175642555

T-979

P.001/001

F-200

LABORATORIES, INC.

1 • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470.

CERTIFICATE OF ANALYSIS

Reference Solution for Simulator

Samples of Lot Number 13290 of
Reference Solution for Simulator were analyzed by
on October 31, 2013, using a Perkin Elmer Gas
Chromatograph System XL S/N: 610N9030209, and found to contain

0.1202% (w/vol) ethyl alcohol. The expiration date for this lot
number is **October 29, 2015** 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 FN122211-02 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



PERMIT
TYPE II
RODNEY E OWEN

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 9/23/2014

NUMBER 240346

EXPIRES 9/23/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 OWEN, RODNEY
Permit No 240346
Date Issued 9/23/2014 **Date Expires** 9/23/2016