



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

RECEIVED

By Carol Day at 10:23 am, Feb 11, 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 940258	NAME OF AGENCY TROY POLICE DEPARTMENT	DATE OF INSPECTION 02/10/2015
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LOCATION OF INSTRUMENT (STREET AND CITY) 800 CAP. AU-GRIS, TROY	TIME OF INSPECTION 0723 HOURS
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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) 02/10/15 07:23
<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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER **GUTH** LOT # **13280** EXP. DATE **10/16/2015**

SIMULATOR TEMP (34°C ± 0.2°C) **34** °C SIMULATOR SN **SD2505** EXP. DATE **02/09/2016**

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 .101 %	TEST 2 .101 %	TEST 3 .102 %
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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 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).

INSPECTING OFFICER	
SIGNATURE <i>Bernie Clayton</i>	PRINT FULL NAME BERNIE CLAYTON
TYPE II PERM. NUMBER/EXPIRATION DATE 250003 01/02/2015	TELEPHONE NUMBER (636) 528-4725

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



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

2

**PERMIT
 TYPE II**

BERNIE CLAYTON

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, INTOXILYZER 5000

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 1/2/2015

NUMBER 250003

EXPIRES 1/2/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

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 CLAYTON, BERNIE
 Permit No 250003
 Date Issued 1/2/2015 Date Expires 1/2/2017



GUTH LABORATORIES, INC.

690 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 13280 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1217% (w/vol) ethyl alcohol. The expiration date for this lot number is October 16, 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 FNI22211-02 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.

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BAC DATA MASTER SERIAL NUMBER 940258
02/10/15

TESTING OFFICER:
CLAYTON/BERNIE
OFFICER I.D.: 131
PERMIT NUMBER: 250003
EXPIRATION DATE: 01/02/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	07:26
INTERNAL STANDARD	VERIFIED	07:27
EXTERNAL STANDARD	.101	07:27
BLANK TEST	.000	07:28
EXTERNAL STANDARD	.101	07:28
BLANK TEST	.000	07:29
EXTERNAL STANDARD	.102	07:29
BLANK TEST	.000	07:30

N = 3
SIM. = .1
AVG. = .1013

Operator Signature

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BAC DATA MASTER SERIAL NUMBER 940258
02/10/15
07:23

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2003): OKAY

HEATERS

SAMPLE CHAMBER: 49C

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJK
LMNOPQRSTUVWXYZ[\]^_`abcdefgijklmnop
q-rstuvwxyz{|}~

Operator Signature

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
BAC DATA MASTER SERIAL NUMBER 940253
02/10/15

ARREST TIME: 06:55
SUBJECT NAME:
TEST
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/1234567890
ARRESTING OFFICER:
CLAYTON/BERNIE
OFFICER I.D.: 131
TESTING OFFICER:
CLAYTON/BERNIE
OFFICER I.D.: 131
PERMIT NUMBER: 250003
EXPIRATION DATE: 01/02/15
MISCELLANEOUS DATA:

— BREATH ANALYSIS —

BLANK TEST .000 07:40
INTERNAL STANDARD VERIFIED 07:40
SUBJECT SAMPLE .000 07:41
BLANK TEST .000 07:41

Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
BAC DATA MASTER SERIAL NUMBER 940253
02/10/15

ARREST TIME: 06:55
SUBJECT NAME:
RFI/TEST
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/1234567890
ARRESTING OFFICER:
CLAYTON/BERNIE
OFFICER I.D.: 131
TESTING OFFICER:
CLAYTON/BERNIE
OFFICER I.D.: 131
PERMIT NUMBER: 250003
EXPIRATION DATE: 01/02/15
MISCELLANEOUS DATA:

— BREATH ANALYSIS —

BLANK TEST .000 07:37
INTERNAL STANDARD VERIFIED 07:37
RADIO INTERFERENCE

Operator Signature

