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By Carol Day at 10:52 am, Mar 11, 2015

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

DATAMASTER MAINTENANCE REPORT

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	NAME OF AGENCY	DATE OF INSPECTION
950053	CENTRALIA POLICE DEPT.	3/11/2014

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
1200 S. HOLDEN ST. WARRENSBURG	1204

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.

- [x] DIAGNOSTIC CHECK (PRINTOUT ATTACHED) — DATE AND TIME (from printout) 3/11/2014 1204
- [x] COMPUTER — [x] DETECTOR
- [x] PROGRAM — [x] FILTERS
- [x] HEATERS SAMPLE CHAMBER 49 °C — [x] QUARTZ STANDARD
- [x] FLOW DETECTOR — [x] CALIBRATION
- [x] PUMP HIGH SPEED — [x] PRINTER
- [x] INDICATOR LIGHTS OK
- [x] SIMULATOR SOLUTION SUPPLIER GUTH LOT # 13210 EXP. DATE 7/29/15
- [x] SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD 3152 EXP. DATE 1/17/2015
- [x] 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)

- [x] 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	TEST 2	TEST 3
.100	.099	.099

- [x] PERFORM R.F.I. TEST (PRINTOUT ATTACHED) OK

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	OVER .19
—	—	—	—	—	—

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).

ADJUSTED VOLTAGES. REPLACED PRINTER RIBBON. VERIFIED CALIB.

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME
[signature]	ROBERT WELSH

TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
230100 5/29/2015	660-543-4597

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 **13210** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **July 31, 2013,** using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1216%** (w/vol) ethyl alcohol. The expiration date for this lot number is **July 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

2

PERMIT
TYPE II

ROBERT W WELSH

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, INTOX DMT, INTOXILYZER 5000, INTOXILYZER 8000, ALCO-SENSOR IV WITH PRINTER, EC/IR II

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 **05/29/2013**

NUMBER **230100**

EXPIRES **05/29/2015**

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)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
CENTRALIA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950053
03/11/14

ARREST TIME: 10:00
SUBJECT NAME:
OMLET/OVER/EASY
DOB: 01/01/67 SEX: F
STATE/D.L.: MO/1234567890
ARRESTING OFFICER:
W
OFFICER I.D.: W
TESTING OFFICER:
WELSH/R
OFFICER I.D.:
PERMIT NUMBER: 230100
EXPIRATION DATE: 05/29/15
MISCELLANEOUS DATA:
N
N

--- BREATH ANALYSIS ---

BLANK TEST	.000	12:17
INTERNAL STANDARD	VERIFIED	12:17
SUBJECT SAMPLE	.000	12:17
BLANK TEST	.000	12:18

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
CENTRALIA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950053
03/11/14

ARREST TIME: 09:00
SUBJECT NAME:
RFI/TEST
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/1234567890
ARRESTING OFFICER:
W
OFFICER I.D.: W
TESTING OFFICER:
WELSH/R
OFFICER I.D.:
PERMIT NUMBER: 230100
EXPIRATION DATE: 05/29/15
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	12:21
INTERNAL STANDARD	VERIFIED	12:21
RADIO INTERFERENCE		

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
CENTRALIA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950053
03/11/14

TESTING OFFICER:
WELSH/R
OFFICER I.D.:
PERMIT NUMBER: 230100
EXPIRATION DATE: 05/29/15
MISCELLANEOUS DATA:
N
N

--- SUPERVISOR MODE ---

BLANK TEST	.000	12:07
INTERNAL STANDARD	VERIFIED	12:07
EXTERNAL STANDARD	.100	12:07
BLANK TEST	.000	12:08
EXTERNAL STANDARD	.099	12:08
BLANK TEST	.000	12:09
EXTERNAL STANDARD	.099	12:09
BLANK TEST	.000	12:10

N = 3
SIM. = .1
AVG. = .0993

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
CENTRALIA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950053
03/11/14
12:04

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS SAMPLE CHAMBER:	49c
FLOW DETECTOR:	OKAY
PUMP HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

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

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations: 19CSR 25-30.051 (4).

Checked: 03/11/2014 Expires: **03/11/2015**
MSC Tech: RW
Temp: 34.03 Digital Therm. SN: 093752
Agency: Centralia Police Department
SD 2269

Technician Printed Name: ROBERT WELSH

Technician Signature:

Date: 03/11/2014

Contact: Missouri Safety Center

Breath Alcohol Instrument Training Program

660-543-4834