



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

RECEIVED
 By Carol Day at 7:13 am, Mar 10, 2015

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days) or
 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 950079	NAME OF AGENCY COUNTRY CLUB HILLS POLICE	DATE OF INSPECTION 03/03/2015
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LOCATION OF INSTRUMENT (STREET AND CITY) 7422 EUNICE AVE. COUNTRY CLUB HILLS, MO 63136	TIME OF INSPECTION 0401 HRS
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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) 03/03/15 0401 HRS
<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 LABS LOT # 14220 EXP. DATE 09/24/2016

SIMULATOR TEMP (34-C ± 0.2'C) 34 'C SIMULATOR SN 358440 EXP. DATE 07/14/2015

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 .098	TEST 2 .098	TEST 3 .099
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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).

THIS INSTRUMENT MEETS MO DOH STANDARDS

INSPECTING OFFICER	
SIGNATURE SGT GARY L. SPENCER 357	PRINT FULL NAME DET/SGT GARY L. SPENCER DSN 357
TYPE II PERMIT NUMBER/EXPIRATION DATE 240192 - 04/23/2016	TELEPHONE NUMBER 314-261-0845

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
COUNTRY CLUB HILLS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950079
03/03/15
04:01

--- 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:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefgshijklmno
pqrstuvwxyz{|}~

OPERATOR SIGNATURE

Sgt GAWY SPENCE ³⁵⁷

CARD STK #
60036

REORDER ALL SUPPLIES FROM N.P.A.S.
2260 NORTH MAIN, MANSFIELD, OH 44903 419-526-6727 (NPAS)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
COUNTRY CLUB HILLS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950079
03/03/15

TESTING OFFICER:
SPENCER/GARY/L
OFFICER I.D.: 357
PERMIT NUMBER: 240192
EXPIRATION DATE: 04/23/16
MISCELLANEOUS DATA:
MAINT. RPT. MARCH

--- SUPERVISOR MODE ---

BLANK TEST	.000	04:05
INTERNAL STANDARD	VERIFIED	04:05
EXTERNAL STANDARD	.098	04:06
BLANK TEST	.000	04:06
EXTERNAL STANDARD	.098	04:07
BLANK TEST	.000	04:07
EXTERNAL STANDARD	.099	04:08
BLANK TEST	.000	04:08

N = 3
SIM. = .1
AVG. = .0983

OPERATOR SIGNATURE SGT SPENCER 357

CARD STK #
60036

REORDER ALL SUPPLIES FROM N.P.A.S.
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FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
COUNTRY CLUB HILLS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950079
03/03/15

ARREST TIME: 03:55
SUBJECT NAME:
RFI/TEST
DOB: 05/26/51 SEX: M
STATE/D.L.: MO/123456789
ARRESTING OFFICER:
SPENCER/GARY/L
OFFICER I.D.: 357
TESTING OFFICER:
SPENCER/GARY/L
OFFICER I.D.: 357
PERMIT NUMBER: 240192
EXPIRATION DATE: 04/23/16
MISCELLANEOUS DATA:
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	04:13
INTERNAL STANDARD	VERIFIED	04:13
RADIO INTERFERENCE		

OPERATOR SIGNATURE

SGT SPENCER 357

CARD STK #
60036

REORDER ALL SUPPLIES FROM N.P.A.S.
2260 NORTH MAIN, MANSFIELD, OH 44903 419-526-6727 (NPAS)



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-694-6470

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%.

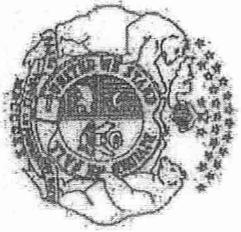
The alcohol and water used in this solution were free of test interfering substances.

Ted L. 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

GARY L SPENCER

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 4/23/2014

NUMBER 240192

EXPIRES 4/23/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Handwritten Signature]
David Vorkley

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES