



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

RECEIVED REPORT #6
 By Carol Day at 10:25 am, Jul 27, 2015

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 950079	NAME OF AGENCY COUNTRY CLUB HILLS POLICE	DATE OF INSPECTION 07/20/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 7422 EUNICE AVE. COUNTRY CLUB HILLS, MO 63136		TIME OF INSPECTION 0135 HRS

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) 07/20/15 0135 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 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** 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 .102	TEST 2 .101	TEST 3 .101
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PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

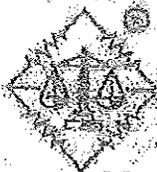
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT. (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

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 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	



GUTH LABORATORIES, INC.

25 NORTH 7TH STREET • HARRISBURG, PA 17101-1010 • TELEPHONE 717-635-1100

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14270 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 25, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL 50M: 610N9930209, and found to contain 0.120% (w/vol) ethyl alcohol. The expiration date for this lot number is September 30, 2016 at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm 2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L $\pm 3\%$.

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 Certified Reference Standard lot number FM13051001 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.

COUNTRY CLUB HILLS POLICE DEPARTMENT

DAC DATAMASTER SERIAL NUMBER 950079

07/20/15

01:35

--- 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

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

COUNTRY CLUB HILLS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950079
07/20/15

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

--- SUPERVISOR MODE ---

BLANK TEST	.000	01:39
INTERNAL STANDARD	VERIFIED	01:39
EXTERNAL STANDARD	.102	01:40
BLANK TEST	.000	01:41
EXTERNAL STANDARD	.101	01:41
BLANK TEST	.000	01:42
EXTERNAL STANDARD	.101	01:42
BLANK TEST	.000	01:43

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

STATE OF MISSOURI
COUNTRY CLUB HILLS POLICE DEPARTMENT

BMC DATAMASTER SERIAL NUMBER 950079
07/20/15

ARREST TIME: 01:30

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:

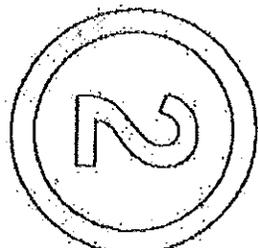
RFI TEST

----- BREATH ANALYSIS -----

BLANK TEST	.000	01:47
INTERNAL STANDARD	VERIFIED	01:48
RADIO INTERFERENCE		



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



PERMIT
TYPE II

GARY L SPENCER

hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs
 I operate the following breath analyzer(s):

DATAMASTER

the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections
 7.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 4/23/2014

NUMBER 240192

PIRES 4/23/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Handwritten Signature]

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES