



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

RECEIVED REPORT #6
 By Carol Day at 9:24 am, Apr 08, 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 950124	NAME OF AGENCY Kirksville Police Department	DATE OF INSPECTION 03/23/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 119 E McPherson, Kirksville, MO, 63501		TIME OF INSPECTION 5:41 am

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) 03/23/2015 05:41 hours
<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

<input checked="" type="checkbox"/> INDICATOR LIGHTS
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth Labs LOT # 14200 EXP. DATE 08/05/2016
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD2271 EXP. DATE 11/24/2015

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 • .099	TEST 2 • .100	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	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	OVER .19	1
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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>Juan B Chairez</i>	PRINT FULL NAME Juan B Chairez
TYPE II PERMIT NUMBER/EXPIRATION DATE 240405 11/20/2016	TELEPHONE NUMBER (660) 785-6945

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



PERMIT
TYPE II

JUAN B CHAIREZ

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, permit, verify, repair and repair and operate the following breath analyzers:

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 306.101 through 306.110, RSMo.

DATE: 11-20-2014

Permit No: 240405

EXPIRES: 11/20/2016

MISSOURI

[Signature]

 DIRECTOR OF HEALTH AND SENIOR SERVICES
 Acting Director
 DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

INSTRUMENT OPERATOR CARD

Operator: CHAIREZ, JUAN B
 Permit No: 240405
 Date Issued: 11/20/14 Date Expires: 11/20/16



GUTH LABORATORIES, INC.

355 NORTH 6TH STREET • HARRISBURG, PA 17111-4511 • TELEPHONE 717-645-5177

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 6, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL, S/N 6.6N9050279 and found to contain 0.1213% (w/vol) ethyl alcohol. The expiration date for this lot number is August 5, 2016 at 1:59 PM.

When used in a calibrated Simulator operating at 34°C \pm 2°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 interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Disclaimer: Testing was conducted using Certified Reference Solution lot number EN12221102 whose values are traceable to NIST. All balances are calibrated annually by an NIST traceable company. Calibration certificate and report files are available on the NIST website.

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
KIRKSVILLE POLICE DEPARTMENT

DDF DATAMASTER SERIAL NUMBER: 00111
00129413

DRAGAGE TIME: 00:00

SUBJECT NAME:

N/A

DOB: 01/01/01 SEX: M

STATE/D.L.: MO/

ARRESTING OFFICER:

N/A

OFFICER I.D.:

TESTING OFFICER:

CHAIRES/JON/0

OFFICER I.D.: 000

PERMIT NUMBER: 210400

EXPIRATION DATE: 11/00/10

MISCELLANEOUS DATA:

RFI TEST

DEPT: 00010010

BLANK TEST	.000	05:00
INTERNAL STANDARD	(VCS) 1.000	05:00
RADIO INTERFERENCE		

Operator Signature J C KPD 383