



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

RECEIVED
By Carol Day at 11:34 am, Jun 16, 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 950135	NAME OF AGENCY RICHLAND POLICE DEPT.	DATE OF INSPECTION 6/13/15
LOCATION OF INSTRUMENT (STREET AND CITY) 2015 CHESTNUT ST RICHLAND MO 65556		TIME OF INSPECTION 11:59

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) 6/13/15 11:59
<input 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 50 °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 **CUTH LABORATORIES** LOT # **14200** EXP. DATE **08/03/16**

SIMULATOR TEMP (34°C ± 0.2°C) **34** °C SIMULATOR SN **DB 6931** EXP. DATE **07/15/15**

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 0.095	TEST 2 0.097	TEST 3 0.097
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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 UNIT IS OPERATING WITHIN MO DEPT OF HEALTH RULES AND REGS

INSPECTING OFFICER	
SIGNATURE David Moser	PRINT FULL NAME David Moser
TYPE II PERMIT NUMBER/EXPIRATION DATE 250012 01/14/17	TELEPHONE NUMBER 573 765 4144

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.**

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-684-5470

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: 610N9030209, and found to contain 0.1213% (w/vol) ethyl alcohol. The expiration date for this lot number is August 5, 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 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.

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
RICHLAND POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950135
06/13/15

ARREST TIME: 11:30
SUBJECT NAME:
BEAN/PAUL/J
DOB: 04/11/85 SEX: M
STATE/D.L.: MO/R456657654
ARRESTING OFFICER:
MOSE/DAVID/
OFFICER I.D.: 406
TESTING OFFICER:
SAME
OFFICER I.D.: 406
PERMIT NUMBER: 250012
EXPIRATION DATE: 01/14/17
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	12:09
INTERNAL STANDARD	VERIFIED	12:09
RADIO INTERFERENCE		

Operator Signature David Moses

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
RICHLAND POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950135
06/13/15

TESTING OFFICER:
MOSEY/DAVID
OFFICER I.D.# 486
PERMIT NUMBER: 250012
EXPIRATION DATE: 01/14/17
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	12:02
INTERNAL STANDARD	VERIFIED	12:02
EXTERNAL STANDARD	.095	12:03
BLANK TEST	.000	12:03
EXTERNAL STANDARD	.097	12:04
BLANK TEST	.000	12:04
EXTERNAL STANDARD	.097	12:05
BLANK TEST	.000	12:05

N = 3
SIM. = .1
AVG. = .0963

Operator Signature

David Moser

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
RICHLAND POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950135
06/13/15
11:50

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (84-87-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	50c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

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

Operator Signature

David M. Mason



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



PERMIT
TYPE II

DAVID L MOSER

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.

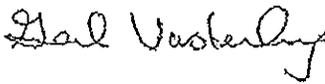
DATE 1/14/2015

NUMBER 250012

EXPIRES 1/14/2017



DIRECTOR OF STATE PUBLIC HEALTH LABORATORY



acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MD-593-2771 (8/10)

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 MOSER, DAVID
Permit No 250012
Date Issued 1/14/2015 Date Expires 1/14/2017