



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

RECEIVED

By Carol Day at 10:30 am, Sep 01, 2015

Complete this report at the time of the regular monthly preventive maintenance check (no
Complete this report whenever the instrument is serviced or repaired and whenever it is
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN <u>950135</u>	NAME OF AGENCY <u>Richland Police Dept.</u>	DATE OF INSPECTION <u>08/23/15</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>2015 Chestnut St. Richland, Mo 65556</u>		TIME OF INSPECTION <u>12:42</u>

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) <u>08/23/15 12:42</u>
<input checked="" type="checkbox"/> COMPUTER	<input type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <u>50</u> °C	<input type="checkbox"/> QUARTZ STANDARD
<input type="checkbox"/> FLOW DETECTOR	<input type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input type="checkbox"/> PRINTER

<input checked="" type="checkbox"/> INDICATOR LIGHTS
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>CALITH LABORATORIES</u> LOT # <u>14200</u> EXP. DATE <u>09/05/16</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C SIMULATOR SN <u>DR 6931</u> EXP. DATE <u>07/13/16</u>

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 <u>.101</u>	TEST 2 <u>.100</u>	TEST 3 <u>.102</u>
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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 <u>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	OVER .19 <u>0</u>
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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 Dept. of Health rules & reg. SIMULATOR WAS TESTED AND RECERTIFIED

INSPECTING OFFICER: SIGNATURE <u>David Moser</u>	PRINT FULL NAME <u>David Moser</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>250012 01-14-2017</u>	TELEPHONE NUMBER <u>573 765 4144</u>

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
RICHLAND POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950135
08/23/15
12:42

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	30c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

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

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
RICHLAND POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950135
08/23/15

TESTING OFFICER:
MOSEY/DAVID
OFFICER I.D.: 486
PERMIT NUMBER: 258012
EXPIRATION DATE: 01/14/17
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	12:47
INTERNAL STANDARD	VERIFIED	12:48
EXTERNAL STANDARD	.101	12:48
BLANK TEST	.000	12:49
EXTERNAL STANDARD	.100	12:49
BLANK TEST	.000	12:50
EXTERNAL STANDARD	.102	12:50
BLANK TEST	.000	12:51

N = 3
SIM. = .1
AVG. = .101

Operator Signature David Mosey

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
RICHLAND POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950135
08/23/15

ARREST TIME: 13:13
SUBJECT NAME:
CHAMBERS/ROD/H.
DOB: 11/30/87 SEX: M
STATE/D.L.: MO/F5776434232
ARRESTING OFFICER:
MOSER/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 13:33
INTERNAL STANDARD VERIFIED 13:33
RADIO INTERFERENCE

Operator Signature

David Moser

**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 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.



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

MO 590.077 (6-10)

LAB-4 (R2-10)

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