



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

REPORT #6

RECEIVED
 By Carol Day at 9:50 am, Apr 03, 2015

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days) or 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 980016	NAME OF AGENCY El Dorado Springs Police Department	DATE OF INSPECTION 04/01/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 1207 South Main Street El Dorado Springs		TIME OF INSPECTION 13:42

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>04/01/2015 13:42</u>
<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 <u>49</u> °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 <u>Green</u>	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth Laboratories, Inc</u>	LOT # <u>14220</u> EXP. DATE <u>09/24/2016</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.04</u> °C	SIMULATOR SN <u>SD3146</u> EXP. DATE <u>01/20/2016</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

TEST 1 <u>0.097</u>	TEST 2 <u>0.097</u>	TEST 3 <u>0.095</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 instrument meets Department of Health and Senior Services Rules and Regulations.

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME Jarrod D. Schiereck
TYPE II PERMIT NUMBER/EXPIRATION DATE 240337 / 09/15/2016	TELEPHONE NUMBER (417) 876-2313

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.**

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 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.

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
EL DORADO SPRINGS POLICE DEPARTMENT
39C DATAMASTER SERIAL NUMBER 962015
04/01/15
13:42

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2609): OKAY
HEATERS
SAMPLE CHAMBER: 49c
FLOW DETECTOR: OKAY
PIREP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
GUSETZ STANDARD: OKAY
CALIBRATION: OKAY
PRINTER TEST
HIJACKING FORSTUNARVZ\31\abode\shijack1new
Pep54KAWAZ(1)44

Operator Signature



2008-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
EL DORADO SPRINGS POLICE DEPARTMENT
39C DATAMASTER SERIAL NUMBER 962015
04/01/15

TESTING OFFICER:
SCHISRECK/JRR02/B
OFFICER I.D.: 109
PERMIT NUMBER: 240337
EXPIRATION DATE: 09/15/16
MISCELLANEOUS DATA:
PRRIL/2015

--- SUPERVISOR MODE ---

BLANK TEST
INTERNAL STANDARD
EXTERNAL STANDARD
BLANK TEST
EXTERNAL STANDARD
BLANK TEST
EXTERNAL STANDARD
BLANK TEST
N = 3
SIM. = .1
RMS. = .097

VERIFIED
1314
1314
1314
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1314
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1314
1314

Operator Signature



08-02

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
EL DORADO SPRINGS POLICE DEPARTMENT
BAC DATA MASTER SERIAL NUMBER 950015
04/01/15

ARREST TIME: 10:32
SUBJECT NAME:
JOE/JOHN/R
DOB: 09/09/79 SEX: M
STATE: MO. MO-99010P
ARRESTING OFFICER:
SCHIERCK/PROB/D
OFFICER I.D.: 109
TESTING OFFICER:
SCHIERCK/PROB/D
OFFICER I.D.: 109
PERMIT NUMBER: 24007
EXPIRATION DATE: 03/15/16
MISCELLANEOUS DATA:
R.F.I. TEST

--- BREATH ANALYSIS ---

BLANK TEST 10:53
INTERNAL STANDARD VERIFIED 10:53
RADIO INTERFERENCE 10:53

Operator Signature





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



**PERMIT
TYPE II**

JARROD D SCHIERECK

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 9/15/2014

NUMBER 240337

EXPIRES 9/15/2016

0771 (8-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (18-10)

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 SCHIERECK, JARROD
Permit No 240337
Date issued 9/15/2014 Date Expires 9/15/2016