



# DATAMASTER MAINTENANCE REPORT

**RECEIVED**

By Carol Day at 1:12 pm, Jan 29, 2015

REPORT #

Complete this report at the time of a regular monthly preventive maintenance check or at least 30 days before 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<br>960062 | NAME OF AGENCY<br>Riverview PD | DATE OF INSPECTION<br>01/29/2015 |
|-------------------------|--------------------------------|----------------------------------|

|  |                               |
|--|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>9699 Lilac Riverview | TIME OF INSPECTION<br>8:52 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) <u>01/29/2015 08:52</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 |
|--|

|  |
|--|
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth</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</u> °C SIMULATOR SN <u>SD 2769</u> EXP. DATE <u>05/19/2015</u> |
|--|

|   |
|---|
| <input checked="" type="checkbox"/> 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) |
| <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE   |
| <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE  |
| <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE  |

|                    |                    |                    |
|--------------------|--------------------|--------------------|
| TEST 1 <u>.098</u> | TEST 2 <u>.098</u> | TEST 3 <u>.098</u> |
|--------------------|--------------------|--------------------|

|   |
|---|
| <input checked="" type="checkbox"/> 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 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|----------|---|

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<br>  | PRINT FULL NAME<br>Nicholes C. Allred |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>250001 01/02/2017 | TELEPHONE NUMBER<br>(314) 868-9130    |

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: 717-564-5470

## 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.

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
RIVERVIEW POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 9620262  
01/29/05  
08:50

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM (04-07-2000): OKAY  
HEATERS: 49C  
SAMPLE CHAMBER: OKAY  
FLOW DETECTOR: OKAY  
PUMP: OKAY  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST  
!@#%&'()\*+,-./0123456789:;<=>?@BCDEFG  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnop  
qrstuvwxyz{|}~\*\*



Operator Signature

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
RIVERVIEW POLICE DEPARTMENT

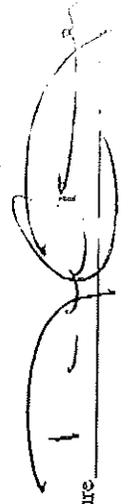
BAC DATA MASTER SERIAL NUMBER 9620262  
01/29/05

TESTING OFFICER:  
ALLRED/MISK/CD  
OFFICER I.D.: 247  
PERMIT NUMBER: ES00001  
EXPIRATION DATE: 01/00 7  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST: 1.000  
INTERNAL STANDARD: 1.000  
EXTERNAL STANDARD: 1.000  
BLANK TEST: 1.000  
EXTERNAL STANDARD: 1.000  
BLANK TEST: 1.000  
EXTERNAL STANDARD: 1.000

N = 0  
SUM = 1  
AVG. = 1.000



Operator Signature

Evidence Deck

REVEREND POLICE DEPARTMENT

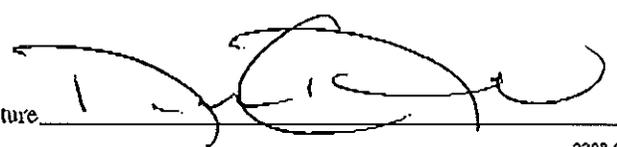
100 WASHINGTON STREET, NEWARK, NJ 07102-1000

ARREST TIME: 08:50  
SUBJECT NAME:  
TEST/JON/LEE  
DOB: 12/22/56 SEX: M  
STATE/D.L.# NJ/545454545  
ARRESTING OFFICER:  
ALLRED/NICK  
OFFICER I.D.# 247  
TESTING OFFICER:  
ALLRED/NICK  
OFFICER I.D.# 247  
PERMID NUMBER: 250001  
EXPIRATION DATE: 01/02/17  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

|                    |          |       |
|--------------------|----------|-------|
| BLANK TEST         | .000     | 09:07 |
| ALYKHAL STANDARD   | VERIFIED | 09:07 |
| SUBJECT SAMPLE     | .070     | 09:07 |
| RADIO INTERFERENCE |          |       |

Operator Signature



Evidence Ticket

STATE OF MICHIGAN  
DEPARTMENT OF TRANSPORTATION

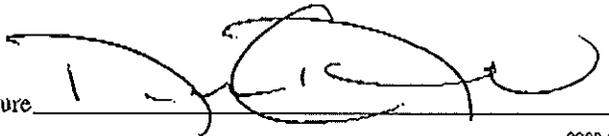
LABORATORY DIVISION  
31-70110

ARREST TIME: 08:50  
SUBJECT NAME:  
TEST/JOH/LEE  
DOB: 12/22/55 SEX: M  
STATE/D.L.#: MD/545454545  
ARRESTING OFFICER:  
ALLRED/NICK  
OFFICER I.D.#: 247  
TESTING OFFICER:  
ALLRED/NICK  
OFFICER I.D.#: 247  
PERMIT NUMBER: 250001  
EXPIRATION DATE: 01/02/17  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

|                    |          |       |
|--------------------|----------|-------|
| BLANK TEST         | .000     | 09:07 |
| INTERNAL STANDARD  | VERIFIED | 09:07 |
| SUBJECT SAMPLE     | .070     | 09:07 |
| RADIO INTERFERENCE |          |       |

Operator Signature





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



**PERMIT**  
**TYPE II**  
**NICHOLE S C ALLRED**

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 1/2/2015

NUMBER 250001

EXPIRES 1/2/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 590-0771 (6-10)

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 ALLRED, NICHOLE S  
 Permit No 250001  
 Date Issued 1/2/2015 Date Expires 1/2/2017