



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

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check ()
 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.

RECEIVED
 (15 days)
 By Carol Day at 1:04 pm, Jul 13, 2015

DATAMASTER SN 960062	NAME OF AGENCY Riverview PD	DATE OF INSPECTION 06/29/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 9699 Lilac Riverview		TIME OF INSPECTION 7:17 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) 06/29/2015 07:17
<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 <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>SD2769</u> EXP. DATE <u>06/26/2016</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)

<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 → .098	TEST 2 → .098	TEST 3 → .098
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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).

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Nicholes Allred
TYPE II PERMIT NUMBER/EXPIRATION DATE 250001 01/02/2017	TELEPHONE NUMBER (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.**

580 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-6470

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 DATAMASTER SERIAL NUMBER 360062
06/29/15

ARREST TIME: 07:10
SUBJECT NAME:
DOE/JON/JAY
DOB: 11/22/77 SEX: M
STATE/D.L.: MO/767676767
ARRESTING OFFICER:
ALLRED/N
OFFICER I.D.: 247
TESTING OFFICER:
ALLRED/N
OFFICER I.D.: 247
PERMIT NUMBER: 250001
EXPIRATION DATE: 01/02/17
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	07:23
INTERNAL STANDARD	VERIFIED	07:26
SUBJECT SAMPLE	.000	07:29
RADIO INTERFERENCE		

Operator Signature



**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
RIVERVIEW POLICE DEPARTMENT

DAC DATAMASTER SERIAL NUMBER 962062
06/29/15

TESTING OFFICER:
ALLRED
OFFICER I.D. # 247
PERMIT NUMBER: 250091
EXPIRATION DATE: 01/02/17
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	07:00
INTERNAL STANDARD	VERIFIED	07:00
EXTERNAL STANDARD	.000	07:01
BLANK TEST	.000	07:02
EXTERNAL STANDARD	.000	07:02
BLANK TEST	.000	07:03
EXTERNAL STANDARD	.000	07:03
BLANK TEST	.000	07:04

N = 9
SIM. = .1
AVG. = .000

Operator Signature



BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
RIVERVIEW POLICE DEPARTMENT

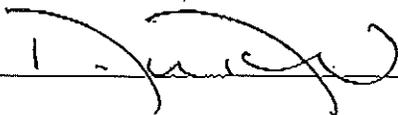
BAC DATA MASTER SERIAL NUMBER 900002
06/29/15
07:17

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2003):	OKAY
HEATERS	
SAMPLE CHAMBER:	49c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

! " # \$ % ' () * + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G
H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` a b c d e f g h i j k l m n o
p q r s t u v w x y z { | } ~

Operator Signature 



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



**PERMIT
TYPE II**

NICHOLAS 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

MO 580-0771 (8-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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, NICHOLAS
Permit No 250001
Date Issued 1/2/2015 Date Expires 1/2/2017