



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

DATAMASTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 10:51 am, Apr 02, 2015

REPORT #6

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 950081	NAME OF AGENCY Butler Police Dept.	DATE OF INSPECTION 04/02/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 309 N. Fulton Butler, MO 64730		TIME OF INSPECTION 0:28 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>04/02/2015 00:28</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 _____ 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 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>34.0</u> °C SIMULATOR SN <u>SD2302</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
 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 .099	TEST 2 .099	TEST 3 .099
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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).

Maintenance test completed sat - returned to service

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME Mark A. Frost
TYPE II PERMIT NUMBER/EXPIRATION DATE 230063 04/23/2015	TELEPHONE NUMBER (660) 679-6131

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

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BUTLER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950081
04/02/15

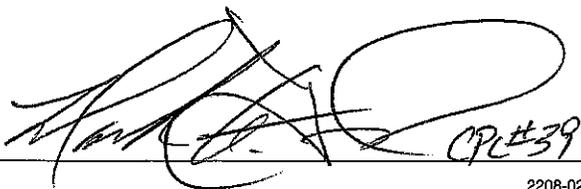
TESTING OFFICER:
FROST
OFFICER I.D.: 39
PERMIT NUMBER: 230063
EXPIRATION DATE: 04/23/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	00:31
INTERNAL STANDARD	VERIFIED	00:31
EXTERNAL STANDARD	.099	00:32
BLANK TEST	.000	00:32
EXTERNAL STANDARD	.099	00:33
BLANK TEST	.000	00:33
EXTERNAL STANDARD	.099	00:34
BLANK TEST	.000	00:34

N = 3
SIM. = .1
AVG. = .099

Operator Signature



CPL#39

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BUTLER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950081
04/02/15
00:28

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	49c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

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

Operator Signature



CPL#39

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BUTLER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950081
04/02/15

ARREST TIME: 00:01
SUBJECT NAME:
SOBER/RFI/TEST
DOB: 04/23/63 SEX: M
STATE/D.L.: MO/P072210001
ARRESTING OFFICER:
FROST
OFFICER I.D.: 39
TESTING OFFICER:
FROST
OFFICER I.D.: 39
PERMIT NUMBER: 230063
EXPIRATION DATE: 04/23/15
MISCELLANEOUS DATA:
SOBER TEST
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	00:39
INTERNAL STANDARD	VERIFIED	00:39
SUBJECT SAMPLE	.000	00:39
RADIO INTERFERENCE		

Operator Signature


CPL #39



GUTH LABORATORIES, INC.

580 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 Certified 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.



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

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PERMIT
TYPE II

MARK A FROST

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATA MASTER

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 04/23/2013

NUMBER 230063

EXPIRES 04/23/2015

W. A. Frost

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Darl Vesterly
Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)