



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

RECEIVED
By Carol Day at 3:45 pm, Jul 21, 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 980131 NAME OF AGENCY MARTHASVILLE Police Dept. DATE OF INSPECTION 7-8-15

LOCATION OF INSTRUMENT (STREET AND CITY) 402 E. MAIN, MARATHASVILLE MO 63357 TIME OF INSPECTION 0700 hrs

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.

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (from printout) 7-8-15 / 0718

COMPUTER DETECTOR

PROGRAM FILTERS

HEATERS SAMPLE CHAMBER 49 °C QUARTZ STANDARD

FLOW DETECTOR CALIBRATION

PUMP HIGH SPEED PRINTER

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER GUTH'S LABS LOT # 14200 EXP. DATE 8-5-16

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD2295 EXP. DATE 02-13-16

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 = .096 TEST 2 = .096 TEST 3 = .097

PERFORM R.F.I. TEST (PRINTOUT ATTACHED) RADIO INTERFERENCE

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS (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).

INSTRUMENT TESTED AND CERTIFIED WITHIN DHSS STANDARDS.

INSPECTING OFFICER

SIGNATURE E. RAY HOUSE PRINT FULL NAME EMMANUEL R. HOUSE

TYPE II PERMIT NUMBER/EXPIRATION DATE 240326 / 08-19-16 TELEPHONE NUMBER 636. 433. 2328

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 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.

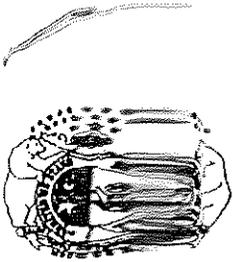
Bottle # 216

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

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PERMIT
TYPE II
EMMANUEL R HOUSE

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

DATAMASTER

for the determination of alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.045 Mo and 306.111 through 306.119 RSMo.

DATE 8/19/2014

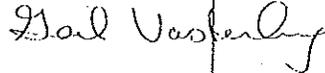
NUMBER 240326

EXPIRES 8/19/2016

MO 580-0771 (6-10)



DIRECTOR OF STATE PUBLIC HEALTH LABORATORY



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 HOUSE, EMMANUEL
Permit No 240326
Date Issued 8/19/2014 Date Expires 8/19/2016

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
MARTHASVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 980131
07/08/15

TESTING OFFICER:
HOUSER/RAY
OFFICER I.D.: 302
PERMIT NUMBER: 240326
EXPIRATION DATE: 08/19/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	07:21
INTERNAL STANDARD	VERIFIED	07:21
EXTERNAL STANDARD	.096	07:21
BLANK TEST	.000	07:22
EXTERNAL STANDARD	.096	07:22
BLANK TEST	.000	07:23
EXTERNAL STANDARD	.097	07:23
BLANK TEST	.000	07:24

N = 3
SIM. = .1
AVG. = .0963

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
MARTHASVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 980131
07/08/15
07:18

--- 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[\]^_`abcdefg hijklmno
pqrstuvwxyz{|}~

Operator Signature

E. Ray House #302

Operator Signature

E. Ray House #302

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
MARTHASVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 980131
07/08/15

ARREST TIME: 06:00
SUBJECT NAME:
RADIO/FREQ/TEST
DOB: 11/11/77 SEX: M
STATE/D.L.: MO/123456789
ARRESTING OFFICER:
HOUSE/RAY
OFFICER I.D.: 302
TESTING OFFICER:
HOUSE/RAY
OFFICER I.D.: 302
PERMIT NUMBER: 240326
EXPIRATION DATE: 08/19/16
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	07:28
INTERNAL STANDARD	VERIFIED	07:28
RADIO INTERFERENCE		

Operator Signature

E. Ray House #302