



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 (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 201147	NAME OF AGENCY Hermann Police Department	DATE OF INSPECTION 04/06/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 1902 Jefferson Street, Hermann Mo.		TIME OF INSPECTION 6:39 pm

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)	04/06/2016 18:39
<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>15120</u>	EXP. DATE <u>04/29/2017</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD2250</u>	EXP. DATE <u>08/19/2016</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	1	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	1	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 Matthew J. Miller
TYPE II PERMIT NUMBER/EXPIRATION DATE 250062 03/04/2017	TELEPHONE NUMBER (573) 486-2211

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 15120 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on May 4, 2015, 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 April 29, 2017 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**

HERMANN PD
BAC DATAMASTER SERIAL NUMBER 201147
04/06/16
18:39

--- 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:;=>?@ABCDEFGHI
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnop
pqrs tuvwxyz{|}~

Operator Signature *Mander Miller*

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

HERMANN PD
BAC DATAMASTER SERIAL NUMBER 201147
04/06/16

TESTING OFFICER:
MILLER/MATTHEW/J
OFFICER I.D.: 504
PERMIT NUMBER: 250062
EXPIRATION DATE: 03/04/17
MISCELLANEOUS DATA:
APRIL MAINT. 2016

--- SUPERVISOR MODE ---

BLANK TEST	.000	18:48
INTERNAL STANDARD	VERIFIED	18:48
EXTERNAL STANDARD	.000	18:48
BLANK TEST	.000	18:49
EXTERNAL STANDARD	.000	18:49
BLANK TEST	.000	18:50
EXTERNAL STANDARD	.000	18:50
BLANK TEST	.000	18:51

N = 3
SIM. = .1
AVG. = .000

Operator Signature Matthew Miller

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

HERMANN PD
BAC DATAMASTER SERIAL NUMBER 201147
04/06/16

ARREST TIME: 18:10
SUBJECT NAME:
JOE, JOHN/A
DOB: 01/02/90 SEX: M
STATE/D.L.: MO/1234567890
ARRESTING OFFICER:
MILLER, MATTHEW/J
OFFICER I.D.: 504
TESTING OFFICER:
MILLER, MATTHEW/J
OFFICER I.D.: 504
PERMIT NUMBER: 250062
EXPIRATION DATE: 03/04/17
MISCELLANEOUS DATA:
APRIL 2016 RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	18:55
INTERNAL STANDARD	VERIFIED	18:56
RADIO INTERFERENCE		

Operator Signature

Matthew Miller



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



PERMIT
TYPE II

MATTHEW J MILLER

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

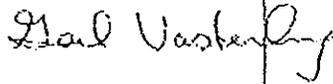
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 3/4/2015

NUMBER 250062

EXPIRES 3/4/2017


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


, acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MD 580-0771 (6-10)

LAR-2 (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 MILLER, MATTHEW
Permit No 250062
Date Issued 3/4/2015 Date Expires 3/4/2017