RECEIVED
By Carol Day at 12:36 pm, Feb 09, 2016

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 | NAME OF AGENCY | DATE OF INSPECTION |
|---|---|---|
| 201240 | Wayne County Sheriffs Department | 02/06/2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY) | | TIME OF INSPECTION |
| 116 W. Green ST. Piedmont, MO | | 2:30 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.

- [x] DIAGNOSTIC CHECK (PRINTOUT ATTACHED) — DATE AND TIME (from printout) 02/06/16-14:49
  - [x] COMPUTER
  - [x] DETECTOR
  - [x] PROGRAM
  - [x] FILTERS
  - [x] HEATERS SAMPLE CHAMBER 49 °C
  - [x] QUARTZ STANDARD
  - [x] FLOW DETECTOR
  - [x] CALIBRATION
  - [x] PUMP HIGH SPEED
  - [x] PRINTER
- [x] INDICATOR LIGHTS
- [x] SIMULATOR SOLUTION SUPPLIER Guth Lab. LOT # 16120 EXP. DATE 04/18/2019
- [x] SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN mp2210 EXP. DATE 08/31/2016
- [x] 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)

- [x] 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 | TEST 2 | TEST 3 |
|---|---|---|
| .100% | .101% | .101% |

- [x] 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-.04) | (.05-.09) | (.10-.14) | (.15-.19) | OVER .19 |
|---|---|---|---|---|---|
| 0 | 1 | 0 | 1 | 0 | 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 | PRINT FULL NAME |
|---|---|
| Travis Hanger | Travis Hanger |
| TYPE II PERMIT NUMBER/EXPIRATION DATE | TELEPHONE NUMBER |
| 240094 - 03-11-16 | (573) 223-4300 |

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

LAB-116

MO 580-1466 (2-08)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

Face This Side Down – This Edge In First

**BAC DataMaster**
Evidence Ticket

STATE OF MISSOURI
PIEDMONT POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER [illegible]
[illegible]

[illegible]

| | |
|---|---|
| COMPUTER: | [illegible] |
| PROGRAM [illegible]: | [illegible] |
| HEATERS | |
| SAMPLE CHAMBER: | [illegible] |
| FLOW DETECTOR: | [illegible] |
| PUMP | |
| [illegible]: | [illegible] |
| DETECTOR: | [illegible] |
| FILTERS: | [illegible] |
| QUARTZ CYLINDERS: | [illegible] |
| CALIBRATION: | [illegible] |

[illegible]

Operator Signature [signature]

2208-02

Face This Side Down – This Edge In First

**BAC DataMaster**
Evidence Ticket

STATE OF MISSOURI
PIEDMONT POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER [illegible]
[illegible]

TESTING OFFICER:
[illegible]
OFFICER I.D.: [illegible]
PERMIT NUMBER: [illegible]
EXPIRATION DATE: [illegible]
MISCELLANEOUS DATA:

---- SUPERVISOR MODE ----

| | | |
|---|---|---|
| BLANK TEST | .000 | [illegible] |
| INTERNAL STANDARD | VERIFIED | [illegible] |
| EXTERNAL STANDARD | [illegible] | [illegible] |
| BLANK TEST | .000 | [illegible] |
| EXTERNAL STANDARD | [illegible] | [illegible] |
| BLANK TEST | .000 | [illegible] |
| EXTERNAL STANDARD | [illegible] | [illegible] |
| BLANK TEST | .000 | [illegible] |

[illegible]

Operator Signature [signature]

Face This Side Down – This Edge In First

**BAC DataMaster**
Evidence Ticket

STATE OF MISSOURI
PIEDMONT POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER [illegible]
[illegible]

ARREST TIME: [illegible]
SUBJECT NAME:
TEST:
[illegible]
STATE/B.I.: [illegible]
ARRESTING OFFICER:
HANGER/TRAVIS/JE
OFFICER I.D.: [illegible]
TESTING OFFICER:
HANGER/TRAVIS/JE
OFFICER I.D.: [illegible]
PERMIT NUMBER: [illegible]
EXPIRATION DATE: [illegible]
MISCELLANEOUS DATA:

---- BREATH ANALYSIS ----

| | | |
|---|---|---|
| BLANK TEST | [illegible] | [illegible] |
| INTERNAL STANDARD | VERIFIED | [illegible] |
| RADIO INTERFERENCE | | |

Operator Signature [signature]

2203-02

02/06/2016 4:49 PM FAX 5732237227 PIEDMONT POLICE DEPT 0003/0005

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.*

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

2

# PERMIT
## TYPE II

## TRAVIS J E HANGER

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 3/11/2014

NUMBER 240094

EXPIRES 3/11/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

, acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (C-10)

LAB-4 (R5-10)