



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

DATAMASTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 4:26 pm, Feb 19, 2016

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 201280	NAME OF AGENCY Lake Ozark Police Department	DATE OF INSPECTION 02/19/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 3162 Bagnell Dam Boulevard, Lake Ozark		TIME OF INSPECTION 1:02 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) <u>02/19/16</u> <u>1302</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 <u>49.0</u> °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>15220</u> EXP. DATE <u>09/28/2017</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD2241</u> EXP. DATE <u>07/13/2016</u>	
<input checked="" type="checkbox"/> 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 01.00	TEST 2 0.099	TEST 3 0.099
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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)	2	(.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 Brian N. Jarrett
TYPE II PERMIT NUMBER/EXPIRATION DATE 240393 11/13/2016	TELEPHONE NUMBER (573) 365-5371

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 **15220** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 30, 2015**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1214%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 28, 2017** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 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



**PERMIT
 TYPE II**

BRIAN N JARRETT

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, INTOX DMT

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 11/13/2014

NUMBER 240393

EXPIRES 11/13/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 JARRETT, BRIAN
 Permit No 240393
 Date Issued 11/13/2014 Date Expires 11/13/2016

**BAC DataMaster
Evidence Ticket**

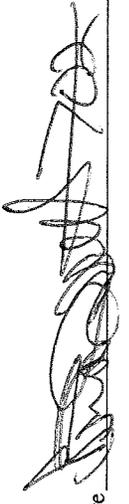
STATE OF MISSOURI
LAKE OZARK POLICE DEPARTMENT
LAB. INSTRUMENT SERIAL NUMBER 221226
02/19/16

JUSTINE OFFICER
OFFICER ID: 702
PERMIT NUMBER: 240393
EXPIRATION DATE: 11/13/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST: 0000 13:05
INTERNAL STANDARD VERIFIED: 13:05
EXTERNAL STANDARD: 100 13:06
BLANK TEST: 0000 13:07
INTERNAL STANDARD: 099 13:07
BLANK TEST: 0000 13:08
INTERNAL STANDARD: 099 13:08
BLANK TEST: 0000 13:09

U = 3
SIR = 1
TRM = 0993



Operator Signature

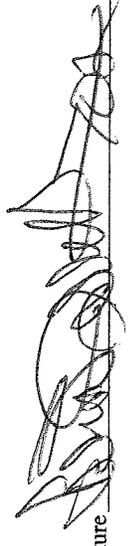
**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
LAKE OZARK POLICE DEPARTMENT
LAB. INSTRUMENT SERIAL NUMBER 221226
02/19/16

ADDRESS LINE: 12345
SUBJECT NAME:
SHIFT: DAY
DOB: 02/27/72
SEX: M
SPECIAL: 00000000000000000000
ARRESTING OFFICER:
OFFICER ID: 702
TESTING OFFICER:
OFFICER ID: 702

PERMIT NUMBER: 240393
EXPIRATION DATE: 11/13/16
MISCELLANEOUS DATA:
--- BREATH ANALYSIS ---

BLANK TEST: 0000 13:13
INTERNAL STANDARD VERIFIED: 13:13
RADIO INTERFERENCE



Operator Signature

BAC DataMaster Evidence Ticket

STATE OF MISSISSIPPI
LABORATORY DIVISION

LABORATORY IDENTIFICATION NUMBER: 000712715
LABORATORY FILE NUMBER: 13466

--- DIRECTOR'S FILE NUMBER ---

COMPUTER: OKAY

PROBABILITY (04-07-2000): OKAY

REACTORS: 49C
SAMPLE CHAMBER:

FLOW DETECTOR: OKAY

PUMP: OKAY

FLOW SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

FILE NUMBER: 000712715
LABORATORY FILE NUMBER: 13466
LABORATORY IDENTIFICATION NUMBER: 000712715

Operator Signature