



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

DATAMASTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 12:40 pm, Apr 11, 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 201292	NAME OF AGENCY OWENSVILLE POLICE DEPARTMENT	DATE OF INSPECTION 04-01-2016
LOCATION OF INSTRUMENT (STREET AND CITY) 109 NORTH SECOND STREET OWENSVILLE		TIME OF INSPECTION 2304

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) 04/01/16 23:04
<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 GUTH LABORATORIES, INC. LOT # 16040	EXP. DATE 01-20-2018
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C	SIMULATOR SN SD2300 EXP. DATE 01-12-2017
<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 .100	TEST 2 .101	TEST 3 .102
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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) 1	(.05-.09) 1	(.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).

INSTRUMENT OPERATING PROPERLY WITHIN DEPARTMENT OF HEALTH AND SENIOR SERVICES GUIDELINES AND STANDARDS.

INSPECTING OFFICER	
SIGNATURE <i>J. Griffith</i>	PRINT FULL NAME JONATHAN SCOTT GRIFFITH
TYPE II PERMIT NUMBER/EXPIRATION DATE 240130/04-03-2016	TELEPHONE NUMBER 573-437-2195

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: 717-664-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 16040 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 22, 2016, 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 January 20, 2018 at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$, 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.

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
OWENSVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201292
04/01/16
23:04

--- 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:;<=>?@ABCDEFGH
IJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnop
qrstuvwxyz{|}~

Operator Signature



2208-02

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
OWENSVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201292
04/01/16

TESTING OFFICER:
GRIFFITH/JONATHAN/SCOTT
OFFICER I.D.: 104
PERMIT NUMBER: 240130
EXPIRATION DATE: 04/03/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	23:13
INTERNAL STANDARD	VERIFIED	23:13
EXTERNAL STANDARD	.100	23:13
BLANK TEST	.000	23:14
EXTERNAL STANDARD	.101	23:15
BLANK TEST	.000	23:15
EXTERNAL STANDARD	.102	23:16
BLANK TEST	.000	23:16

N = 3
SIM. = .1
AVG. = .101

Operator Signature



2208-02

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
OWENSVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201292
04/01/16

ARREST TIME: 22:45

SUBJECT NAME:

RFI/TEST

DOB: 09/09/89 SEX: M

STATE/D.L.: NA/NA

ARRESTING OFFICER:

NA

OFFICER I.D.: NA

TESTING OFFICER:

GRIFFITH/JONATHAN/SCOTT

OFFICER I.D.: 104

PERMIT NUMBER: 240130

EXPIRATION DATE: 04/03/16

MISCELLANEOUS DATA:

RFI TEST

RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	23:21
INTERNAL STANDARD	VERIFIED	23:21
RADIO INTERFERENCE		

Operator Signature



2208-02



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

2

PERMIT
TYPE II

JONATHAN S GRIFFITH

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 4/3/2014

NUMBER 240130

EXPIRES 4/3/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES