



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

RECEIVED
 By Carol Day at 1:14 pm, Sep 06, 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 202091 | NAME OF AGENCY DIR. OF EMERGENCY SERVICES | DATE OF INSPECTION 08/31/2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY) BUILDING 1000, FORT LEONARD WOOD, MO 65473 | | TIME OF INSPECTION 10:37 a.m. |

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) 08/31/16 10:37 am |
| <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 50 °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 |

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER GUTH LOT # 14220 EXP. DATE 09/24/2016

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN DR5376 EXP. DATE 08/05/2017

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 .103 | TEST 2 .104 | TEST 3 .104 |
|--------------|--------------|--------------|

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) | 1 | (.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).

TESTED AND CERTIFIED WITHIN GUIDELINES ESTABLISHED BY DHSS.

| | |
|--|------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE | PRINT FULL NAME ANTHONY J NARUG |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 250063 03/04/2017 | TELEPHONE NUMBER (573) 596-6141 |

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

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

FORT LEONARD WOOD
DIRECTORATE OF EMERGENCY SERVICES

BAC DATAMASTER SERIAL NUMBER 202091
08/31/16
10:37

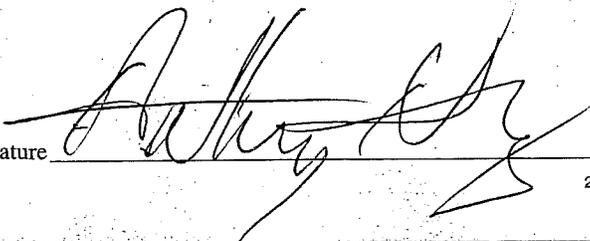
--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HEATERS
SAMPLE CHAMBER: 50c
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopq
rstuvwxyz{|}~

Operator Signature



2208-02

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

FORT LEONARD WOOD
DIRECTORATE OF EMERGENCY SERVICES

BAC DATAMASTER SERIAL NUMBER 202091
08/31/16

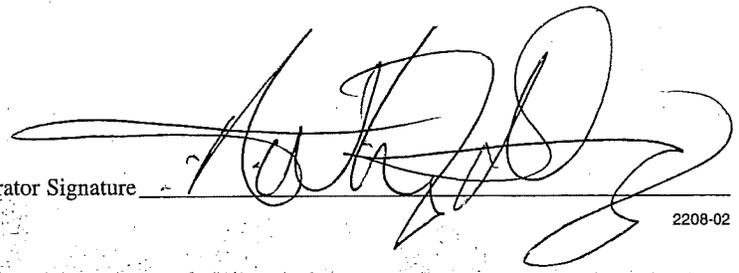
TESTING OFFICER:
NARUG/ANTHONY/J
OFFICER I.D.: M3343
PERMIT NUMBER: 250063
EXPIRATION DATE: 03/04/17
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 10:54 |
| INTERNAL STANDARD | VERIFIED | 10:54 |
| EXTERNAL STANDARD | .103 | 10:55 |
| BLANK TEST | .000 | 10:56 |
| EXTERNAL STANDARD | .104 | 10:56 |
| BLANK TEST | .000 | 10:57 |
| EXTERNAL STANDARD | .104 | 10:57 |
| BLANK TEST | .000 | 10:58 |

N = 3
SIM. = .1
AVG. = .1036

Operator Signature



2208-02

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

FORT LEONARD WOOD
DIRECTORATE OF EMERGENCY SERVICES

BAC DATAMASTER SERIAL NUMBER 202091
08/31/16

ARREST TIME: 09:00

SUBJECT NAME:

RFI/TEST

DOB: 09/05/09 SEX: M

STATE/D.L.: MD/S123456789

ARRESTING OFFICER:

RFI/TEST

OFFICER I.D.:

TESTING OFFICER:

NARUG/ANTHONY

OFFICER I.D.: N3343

PERMIT NUMBER: 250063

EXPIRATION DATE: 03/04/17

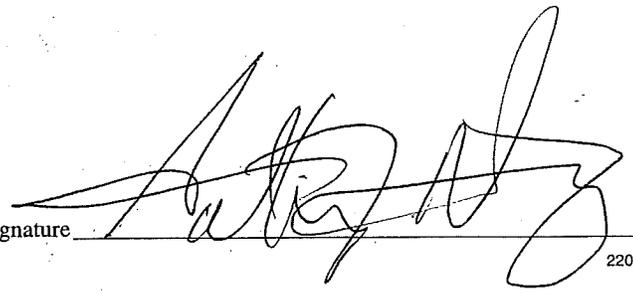
MISCELLANEOUS DATA:

RFI TEST

--- BREATH ANALYSIS ---

| | | |
|--------------------|----------|-------|
| BLANK TEST | .000 | 11:00 |
| INTERNAL STANDARD | VERIFIED | 11:00 |
| RADIO INTERFERENCE | | |

Operator Signature





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 14220 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 25, 2014, 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 September 24, 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.

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
ANTHONY NARUG

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 250063

EXPIRES 3/4/2017

MO-520-0771 (5-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

, acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAR-4 005-107

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 NARUG, ANTHONY
 Permit No 250063
 Date Issued 3/4/2015 Date Expires 3/4/2017