



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

RECEIVED
 By Carol Day at 2:43 pm, Apr 25, 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 940093 | NAME OF AGENCY AVA Police Department | DATE OF INSPECTION 4-12-2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 504 N.W 12th Ave | | TIME OF INSPECTION 1150 |

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) 4-12-16 1157 |
| <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 type="checkbox"/> INDICATOR LIGHTS | |
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 15120 | EXP. DATE 4-29-2017 |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C | SIMULATOR SN 501617 EXP. DATE 4-13-16 |

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 .101 | TEST 3 .101 |
|--------------------|--------------------|--------------------|

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) | 1 (.05-.09) | 0 (.10-.14) | 0 (.15-.19) | 0 OVER .19 | 1 |
|----------|------------------|--------------------|--------------------|--------------------|-------------------|----------|

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 Brad Hanger |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 240 142 04-15-16 | TELEPHONE NUMBER 417-924-8212 |

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.

690 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

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PERMIT
TYPE II
BRAD J 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 4/15/2014

NUMBER 240142

EXPIRES 4/15/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MICHIGAN
MVA POLICE DEPARTMENT

MVA IDENTIFICATION CARD NUMBER: 11111111
01111111

PLATE: 1234567
VEHICLE TYPE: 1
OFFICE: 123456789
PERMIT NUMBER: 123456789
EXPIRATION DATE: 12/31/11
MISCELLANEOUS DATA:

SENSOR DATA

| | | |
|-----------------|-------|-------|
| INTERNAL STRAIN | 1.000 | 10:00 |
| EXTERNAL STRAIN | 1.000 | 10:00 |
| INTERNAL STRAIN | 1.000 | 10:00 |
| EXTERNAL STRAIN | 1.000 | 10:00 |
| INTERNAL STRAIN | 1.000 | 10:00 |
| EXTERNAL STRAIN | 1.000 | 10:00 |

WAVELENGTH: 1000

Operator Signature _____

2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MICHIGAN
MVA POLICE DEPARTMENT

MVA IDENTIFICATION CARD NUMBER: 11111111
01111111

VEHICLE DATA

| | |
|--------------------|------|
| COMPUTER | 0000 |
| PROBING (MVA) DATA | 0000 |
| HOSTNAME | |
| COMPLETE CHECKOUT | |
| FLOW DETECTION | 0000 |
| UV | |
| NTON SPEED | 0000 |
| DETECTOR | 0000 |
| FILTER | 0000 |
| INTERNAL STRAIN | 0000 |
| EXTERNAL STRAIN | 0000 |

PRINTED DATA

PRINTED DATA: 12/31/11 10:00:00
MVA IDENTIFICATION CARD NUMBER: 11111111
01111111

Operator Signature _____

2208-02

