



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 <u>950021</u>	NAME OF AGENCY <u>Viburnum Police Dept.</u>	DATE OF INSPECTION <u>3-27-16</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>#2 Missouri Ave. Viburnum MO 65366</u>		TIME OF INSPECTION <u>1240</u>

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>3-27-16 1240</u>
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input type="checkbox"/> PROGRAM	<input type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <u>49</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 type="checkbox"/> PRINTER

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER Guth Labs LOT # 25120 EXP. DATE 4-29-17

SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN DR 5785 EXP. DATE 9-26-16

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 • <u>.099</u>	TEST 2 • <u>.101</u>	TEST 3 • <u>.099</u>
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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)	0	(.15-.19)	0	OVER .19	2
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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 <u>Charles N. Hedrick</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>250176 7-28-17</u>	TELEPHONE NUMBER <u>573-241-5220</u>

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 **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 ± 0.2°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.

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

DATE OF TEST: _____
TIME OF TEST: _____
LOCATION OF TEST: _____

DATE OF TEST: _____
TIME OF TEST: _____
LOCATION OF TEST: _____

TESTER: _____
SUBJECT: _____
INSTRUMENT: _____
CALIBRATION: _____
REMARKS: _____

TESTER: _____
SUBJECT: _____
INSTRUMENT: _____
CALIBRATION: _____
REMARKS: _____

DATE: _____
TIME: _____
LOCATION: _____

DATE: _____
TIME: _____
LOCATION: _____

5 seconds
Blow time

Signature _____

Operator Signature _____

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

TESTING INFORMATION

DATE OF TEST: 10/10/00

TESTER: J. J. [Signature]

LABORATORY: [Illegible]

INSTRUMENT: [Illegible]

REAGENT: [Illegible]

CONTROL: [Illegible]

REMARKS: [Illegible]

CONTROL TEST	1.00	10144
INTERIM STANDARD	1.00	10144
DATA FILE STANDARD	1.00	10145
BLANK TEST	1.00	10146
EXTERNAL STANDARD	1.00	10147
DATA FILE STANDARD	1.00	10148
BLANK TEST	1.00	10149

TESTING INFORMATION

DATE OF TEST: 10/10/00

TESTER: J. J. [Signature]

LABORATORY: [Illegible]

INSTRUMENT: [Illegible]

REAGENT: [Illegible]

CONTROL: [Illegible]

REMARKS: [Illegible]

CONTROL TEST	1.00	10144
INTERIM STANDARD	1.00	10144
DATA FILE STANDARD	1.00	10145
BLANK TEST	1.00	10146
EXTERNAL STANDARD	1.00	10147
DATA FILE STANDARD	1.00	10148
BLANK TEST	1.00	10149

Operator Signature _____

Operator Signature _____