



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 960062	NAME OF AGENCY Riverview Police Department	DATE OF INSPECTION 03/24/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 9699 Lilac Riverview		TIME OF INSPECTION 8:04 am

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>03/24/2016 08:04</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</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</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</u> °C	SIMULATOR SN <u>SD2769</u> EXP. DATE <u>06/26/2016</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 <input checked="" type="checkbox"/> .099	TEST 2 <input checked="" type="checkbox"/> .098
TEST 3 <input checked="" type="checkbox"/> .099	

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	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 Nicholes Allred
TYPE II PERMIT NUMBER/EXPIRATION DATE 250001 01/02/2017	TELEPHONE NUMBER (314) 868-9130

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 17111-4311 • TELEPHONE: 717-604-6470

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°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.

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
RIVERVIEW POLICE DEPARTMENT

DMC DATAMASTER SERIAL NUMBER 960062
03/24/16

ARREST TIME: 07:45
SUBJECT NAME:
DOE/JON/LEE
DOB: 01/22/55 SEX: M
STATE/D.L.#: MO/767677654
ARRESTING OFFICER:
ALLRED/NICHOLE
OFFICER I.D.# 247
TESTING OFFICER:
ALLRED/NICHOLE
OFFICER I.D.# 267
PERMIT NUMBER: 250001
EXPIRATION DATE: 01/02/17
MISCELLANEOUS DATA:

--- ROBERTS ANALYSIS ---

BLANK TEST	.000	00:18
INTERNAL STANDARD	VERIFIED	00:19
SUBJECT SAMPLE	.000	00:19
RATIO INTERFERENCE		

Operator Signature



**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
REVERION POLICE DEPARTMENT

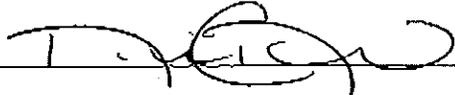
BAC DATA MASTER SERIAL NUMBER 960062
20/24/16

TESTING OFFICER:
ALLRED/NICHOLAS
OFFICER I.D.# 267
PERMIT NUMBER: 250001
EXPIRATION DATE: 01/02/17
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	08:08
INTERNAL STANDARD	VERIFIED	08:08
EXTERNAL STANDARD	.000	08:08
BLANK TEST	.000	08:09
INTERNAL STANDARD	.000	08:10
BLANK TEST	.000	08:10
EXTERNAL STANDARD	.000	08:11
BLANK TEST	.000	08:11

N = 3
SIM. = .1
AVG. = .0006

Operator Signature 

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
RIVERVIEW POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 568062
03/23/16
90104

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
IGNITERS	7
SAMPLE CHAMBER:	42
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!@#\$%^&'()*+,-./0123456789:;<=>?@ABCDEFGHI
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefg|hijklmno
pqrstuvwxyz{|}~*

Operator Signature _____





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



**PERMIT
TYPE II**

NICHOLAS C ALLRED

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 1/2/2015

NUMBER 250001

EXPIRES 1/2/2017

MO 690-0771 (8-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (8-10)

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 ALLRED, NICHOLAS
Permit No 250001
Date issued 1/2/2015 Date Expires 1/2/2017