RECEIVED 6932 P. 2
By Carol Day at 9:32 am, May 25, 2016

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 | NAME OF AGENCY | DATE OF INSPECTION |
|---|---|---|
| 960062 | Riverview PD | 05/24/2016 |

| LOCATION OF INSTRUMENT (STREET AND CITY) | TIME OF INSPECTION |
|---|---|
| 9699 Lilac Riverview | 9:09 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.

- [x] DIAGNOSTIC CHECK (PRINTOUT ATTACHED) — DATE AND TIME (from printout) 05/24/2016 09:09
- [x] COMPUTER
- [x] DETECTOR
- [x] PROGRAM
- [x] FILTERS
- [x] HEATERS SAMPLE CHAMBER 50 °C
- [x] QUARTZ STANDARD
- [x] FLOW DETECTOR
- [x] CALIBRATION
- [x] PUMP HIGH SPEED
- [x] PRINTER
- [x] INDICATOR LIGHTS
- [x] SIMULATOR SOLUTION SUPPLIER Guth LOT # 15220 EXP. DATE 09/28/2017
- [x] SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN SD2769 EXP. DATE 06/26/2016
- [x] 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)

- [x] 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 | TEST 2 | TEST 3 |
|---|---|---|
| .098 | .098 | .098 |

- [x] 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-.04) | (.05-.09) | (.10-.14) | (.15-.19) | OVER .19 |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 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).

## INSPECTING OFFICER

| SIGNATURE | PRINT FULL NAME |
|---|---|
| | Nicholes Allred |

| TYPE II PERMIT NUMBER/EXPIRATION DATE | TELEPHONE NUMBER |
|---|---|
| 250001 01/02/2017 | (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.
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 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.*

Face This Side Down – This Edge In First

**BAC DataMaster**
Evidence Ticket

STATE OF MISSOURI
RIVERVIEW POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 96[illegible]
05/24/16
09:09

-- DIAGNOSTIC CHECK --

| | |
|---|---|
| COMPUTER: | OKAY |
| PROGRAM (04-07-[illegible]): | OKAY |
| HEATERS SAMPLE CHAMBER: | [illegible] |
| FLOW DETECTOR: | OKAY |
| PUMP HIGH SPEED: | OKAY |
| DETECTOR: | OKAY |
| FILTERS: | OKAY |
| QUARTZ STANDARD: | OKAY |
| CALIBRATION: | OKAY |

PRINTER TEST
[illegible]
[illegible]
[illegible]

Operator Signature [signature]

2203-02

Face This Side Down – This Edge In First

**BAC DataMaster**
Evidence Ticket

STATE OF MISSOURI
DIVERSION PO[illegible] DEPARTMENT

BAC DATAMASTER SERIAL NUMBER [illegible]
[illegible]

TESTING OFFICER:
[illegible]
OFFICER I.D.: 747
PERMIT NUMBER: [illegible]
EXPIRATION DATE: [illegible]/07/17
K:SCELLANEOUS DATA

- - SUPERVISOR MODE - -

| | | |
|---|---|---|
| BLANK TEST | .000 | 09:14 |
| INTERNAL STANDARD | VERIFIED | 09:14 |
| EXTERNAL STANDARD | .098 | 09:14 |
| BLANK TEST | .000 | 09:15 |
| EXTERNAL STANDARD | .098 | 09:16 |
| BLANK TEST | .000 | 09:16 |
| EXTERNAL STANDARD | .098 | 09:17 |
| BLANK TEST | .000 | 09:17 |

N = 3
STM. = .1
AVG. = .098

Operator Signature [signature]

2203-02

Face This Side Down – This Edge In First

**BAC DataMaster**
Evidence Ticket

STATE OF MISSOURI
RIVERVIEW POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER [illegible]
05/24/16

ARREST TIME: 08:[illegible]
SUBJECT NAME:
TEST/[illegible]
DOB: [illegible] SEX: M
STAT/[illegible] NO/[illegible]
ARRESTING OFFICER:
ALLR[illegible]
OFFICER I.D.: 247
TESTING OFFICER:
ALLR [illegible]
OFFICER I.D.: 247
PERMIT NUMBER: 250001
EXPIRATION DATE: 01/02/17
MISCELLANEOUS DATA:

-- BREATH ANALYSIS --

| | | |
|---|---|---|
| BLANK TEST | .000 | 09:22 |
| INTERNAL STANDARD | VERIFIED | 09:22 |
| SUBJECT SAMPLE | .000 | 09:22 |
| RADIO INTERFERENCE | | |

Operator Signature [signature]

2208-02

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

2

# PERMIT
## TYPE II
# NICHOLES 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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Gail Vasterling, acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10) LAB-4 (R6-10)

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, NICHOLES
Permit No 250001
Date Issued 1/2/2015 Date Expires 1/2/2017