MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY

DATAMASTER MAINTENANCE REPORT

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN	DATE OF INSPECTION
Datamaster 127292	02/25/2013
LOCATION OF INSTRUMENT (STREET AND CITY)	**TIME OF INSPECTION**
Cassville Police Department	1824

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☑ DIAGNOSTIC CHECK (PRINTOUT ATTACHED)

☑ COMPUTER	☑ DETECTOR
☑ PROGRAM	☑ FILTERS
☑ HEATERS SAMPLE CHAMBER 50 °C	☑ QUARTZ STANDARD
☑ FLOW DETECTOR	☑ CALIBRATION
☑ PUMP HIGH SPEED	☑ PRINTER

☑ INDICATOR LIGHTS

☑ TIME AND DATE

☑ SIMULATOR TEMPERATURE (34 °C ± 0.2°C)

☑ CALIBRATION CHECK -

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. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)

☑ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE
(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1	TEST 2	TEST 3
0.101	0.102	0.102

☑ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

☑ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: **(DO NOT INCLUDE SIMULATOR TESTS)**

REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(Over .19)
1	0	1	2	2	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)

Operates within MoDHSS specifications

Guth Laboratories Inc. Lot #11180, Expires 09/22/2013, 0.100% vapor

INSPECTING OFFICER

SIGNATURE	PRINT NAME
▶ Tpr. T.W. Hilburn	Tpr. T.W. Hilburn
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
220197 08/13/14	(417) 895-6868

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 **11180** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 26, 2011**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1204%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 22, 2013** 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 FN102408-02 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

PERMIT
TYPE II

TRAVIS W HILBURN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 08/13/2012

Number 220197

Expires 08/13/2014

Director of State Public Health Laboratory

Director, Department of Health

MO 580-0771 (7-88)

Lab. 4 (R7-88)

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
C DATAMASTER SERIAL NUMBER 204180
02/25/13

TING OFFICER:
ILBURN/T/W
ICER I.D.: 421
MIT NUMBER: 220197
IRATION DATE: 08/13/14
CELLANEOUS DATA:

--- SUPERVISOR MODE ---

IK TEST	.000	18:29
ERNAL STANDARD	VERIFIED	18:29
ERNAL STANDARD	.101	18:30
IK TEST	.000	18:30
ERNAL STANDARD	.102	18:31
IK TEST	.000	18:32
ERNAL STANDARD	.102	18:32
IK TEST	.000	18:33

3
= .1
= .1016

ture PR T.W. Hill

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204180
02/25/13
18:24

--- 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:;<=>?@ABCDEFG
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmno
pqrstuvwxyz{|}~

Operator Signature PR T.W. Hill

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204180
02/25/13

ARREST TIME: 18:00
SUBJECT NAME:
JONES/M/B
DOB: 01/01/60 SEX: M
STATE/D.L.: MO/987654321
ARRESTING OFFICER:
HILBURN/T/W
OFFICER I.D.: 421
TESTING OFFICER:
SAME
OFFICER I.D.: 421
PERMIT NUMBER: 220197
EXPIRATION DATE: 01/01/60
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Operator Signature TPR T.W. Hill