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

DATAMASTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 4:07 pm, May 19, 2014
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
201294	MACON POLICE DEPARTMENT	05-14-2014
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
301 E. BOURKE ST. MACON MO 63552		1041

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) 05/14/14 10:41
  - [x] COMPUTER — [x] DETECTOR
  - [x] PROGRAM — [x] FILTERS
  - [x] HEATERS SAMPLE CHAMBER 49° °C — [x] QUARTZ STANDARD
  - [x] FLOW DETECTOR — [x] CALIBRATION
  - [x] PUMP HIGH SPEED — [x] PRINTER
- [x] INDICATOR LIGHTS
- [x] SIMULATOR SOLUTION SUPPLIER LOUTH. LAB LOT # 13290 EXP. DATE 10-29-15
- [x] SIMULATOR TEMP (34°C ± 0.2°C) 34° °C SIMULATOR SN S026608 EXP. DATE 02-24-15
- [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
103%	104%	103%

- [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
1	Ø	Ø	Ø	1	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).

MEETS D.O.H. STANDARDS

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME
Jeff Brown	JEFF BROWN
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
220115 05-15-14	660 385 2195

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 **13290** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 31, 2013,** using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1202%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 29, 2015** 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 FN122211-02 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

2

PERMIT
TYPE II

2

JEFF BROWN

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 05/15/2012

Number 220115

Expires 05/15/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Labs-4 (R7-88)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
MACON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201294
05/14/14

TESTING OFFICER:
BROWN-JEFF
OFFICER I.D.: 703
PERMIT NUMBER: 220115
EXPIRATION DATE: 05/15/14
MISCELLANEOUS DATA:
MONTHLY MAINTENANCE
N/A

---- SUPERVISOR MODE ----

BLANK TEST	.000	12:16
INTERNAL STANDARD	VERIFIED	12:16
EXTERNAL STANDARD	.103	12:16
BLANK TEST	.000	12:17
EXTERNAL STANDARD	.104	12:17
BLANK TEST	.000	12:18
EXTERNAL STANDARD	.103	12:18
BLANK TEST	.000	12:19

N = 3
STD. = .1
AVG. = .1033

ERATOR SIGNATURE

d Stock No.
21

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
MACON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201294
05/14/14
12:41

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2005):	OKAY
HEATERS	
SAMPLE CHAMBER:	49c
FLOW DETECTOR:	OKAY
PUMP	
HIGH STALL:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
WORKING STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST
[illegible]
abcdefghijklmnopqrstuvwxyz[illegible]

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
MACON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201294
05/14/14

ARREST TIME: 12:00
SUBJECT NAME:
BLOW/JOE
DOB: 12/04/68 SEX: M
STATE/D.L.: MO/B486500782
ARRESTING OFFICER:
N/A
OFFICER I.D.: N/A
TESTING OFFICER:
BROWN/JEFF
OFFICER I.D.: 703
PERMIT NUMBER: 229115
EXPIRATION DATE: 05/15/14
MISCELLANEOUS DATA:
NFI CHECK
N/A

--- BREATH ANALYSIS ---

BLANK TEST	.000	12:20
INTERNAL STANDARD	VERIFIED	12:22
RADIO INTERFERENCE		

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901