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
201289	10/09/2009
LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
2121 COUNTY DRIVE, COLUMBIA, MO 65202 (BOONE COUNTY JAIL)	14:35

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 OKAY	☑ DETECTOR OKAY
☑ PROGRAM OKAY	☑ FILTERS OKAY
☑ HEATERS SAMPLE CHAMBER 49 °C	☑ QUARTZ STANDARD OKAY
☑ FLOW DETECTOR OKAY	☑ CALIBRATION OKAY
☑ PUMP HIGH SPEED OKAY	☑ PRINTER OKAY

☑ INDICATOR LIGHTS Working

☑ TIME AND DATE Current

☑ SIMULATOR TEMPERATURE (34 °C ± 0.2°C) 34.0 / 34.0 / 34.0

☑ 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
.099	.100	.099

☑ 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)
11	5	9	13	8	5

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)

BE 11/01/2009 Corrected

GUTH SOLUTION: .10 / LOT # 09220 / BOTTLE # 123 / EXP. DATE 07-27-~~2009~~ 2010 → Expiration 07-27-2010

INSTRUMENT OPERATING WITHIN GUIDELINES SET BY DEPT. OF HEALTH & SENIOR SERVICES

INSPECTING OFFICER

SIGNATURE	PRINT NAME
▶ #5629	SGT. BRIAN S. LEER
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
820023 / EXPIRES 01/18/2010	(573) 875-1111

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

State of Missouri
DEPARTMENT OF HEALTH

PERMIT
TYPE II

BRIAN LEER

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 01/18/08

Number 820023

Expires 01/18/2010

Director of State Public Health Laboratory

Director, Department of Health

MO 580-0771 (7-88)

Lab. 4 (R7-88)

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 **09220** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1199** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **July 27, 2010** 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 **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BOONE COUNTY SHERIFFS DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201289
10/09/09

TESTING OFFICER:
LEER/BRIAN/S
OFFICER I.D.: 5629
PERMIT NUMBER: 820023
EXPIRATION DATE: 01/18/10
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	14:38
INTERNAL STANDARD	VERIFIED	14:38
EXTERNAL STANDARD	.099	14:39
BLANK TEST	.000	14:40
EXTERNAL STANDARD	.100	14:41
BLANK TEST	.000	14:41
EXTERNAL STANDARD	.099	14:42
BLANK TEST	.000	14:43

N = 3
SIM. = .1
AVG. = .0993

Operator Signature #5629

2208

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BOONE COUNTY SHERIFFS DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201289
10/09/09
14:35

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	49c
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 #5629

2208-02

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BOONE COUNTY SHERIFFS DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201289
10/09/09

ARREST TIME: 13:00
SUBJECT NAME:
SMITH/JANE
DOB: 02/02/64 SEX: F
STATE/D.L.: MO/987654321
ARRESTING OFFICER:
LEER/BRIAN/S
OFFICER I.D.: 5629
TESTING OFFICER:
LEER/BRIAN/S
OFFICER I.D.: 5629
PERMIT NUMBER: 820023
EXPIRATION DATE: 01/18/10
MISCELLANEOUS DATA:
R.F.I. TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	14:45
INTERNAL STANDARD	VERIFIED	14:45
RADIO INTERFERENCE		

Operator Signature #5629

2208-02