MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY

DATAMASTER MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM
JUN - 9 2009
MO DEPT OF PUBLIC HEALTH

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
204090/127209	6.3.09
LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
Madison County Sheriff's Dept. 124 N. Main , Fredericktown,MO 63645	1007

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.

- [x] DIAGNOSTIC CHECK (PRINTOUT ATTACHED)
  - [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] TIME AND DATE
- [x] SIMULATOR TEMPERATURE (34 °C ± 0.2°C)
- [x] 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)

  - [x] 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
.096%	.098%	.098%

- [x] PERFORM R.F.I. TEST (PRINTOUT ATTACHED)
- [x] 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	2	3	5	2	Ø

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)

Guth Laboratories Inc. .10 %

Lot # 08340 Bottle # 1681 MFG. Date 10-15-08 Exp. Date 10-15-09

INSPECTING OFFICER

SIGNATURE	PRINT NAME
▶ Cpl. Russ Sargent	Cpl. Russ E. Sargent
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
820281/ 9-29-2010	(573) 783-2458

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

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 **08340** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1211** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **October 15, 2009** 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

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204090
06/03/09

RREST TIME: 08:00
UBJECT NAME:
JONES
OB: 09/09/89 SEX: M
TATE/D.L.: MO/0000000
RRESTING OFFICER:
SARGENT
FFICER I.D.: 433
ESTING OFFICER:
SAME
FFICER I.D.: 433
ERMIT NUMBER: 820281
XPIRATION DATE: 09/29/10
ISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

LANK TEST	.000	10:05
NTERNAL STANDARD	VERIFIED	10:05
UBJECT SAMPLE	.000	10:06
LANK TEST	.000	10:06

Signature

ecycled paper with agri-based inks

CMSU 2208-02

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204090
06/03/09
10:07

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	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

Printed on recycled paper with agri-based inks

CMSU 2208-02

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204090
06/03/09

'ESTING OFFICER:
SARGENT
IFFICER I.D.: 433
'ERMIT NUMBER: 820281
'XPIRATION DATE: 09/29/10
'ISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

'LANK TEST	.000	10:08
NTERNAL STANDARD	VERIFIED	10:09
'XTERNAL STANDARD	.096	10:09
LANK TEST	.000	10:10
'XTERNAL STANDARD	.098	10:10
LANK TEST	.000	10:10
XTERNAL STANDARD	.098	10:11
LANK TEST	.000	10:11

= 3
IM. = .1
VG. = .0973

Signature

ecycled paper with agri-based inks

CMSU 2208-02

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204090
06/03/09

ARREST TIME: 08:00
SUBJECT NAME:
JONES
DOB: 09/09/89 SEX: M
STATE/D.L.: MO/0000000
ARRESTING OFFICER:
SARGENT
OFFICER I.D.: 433
TESTING OFFICER:
SAME
OFFICER I.D.: 433
PERMIT NUMBER: 820281
EXPIRATION DATE: 09/29/10
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Operator Signature

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CMSU 2208-02

State of Missouri
DEPARTMENT OF HEALTH

PERMIT
TYPE II

RUSS E. SARGENT

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 09/29/08

Number 820281

Expires 09/29/2010

John J Mathewson
Director of State Public Health Laboratory

Director, Department of Health

MO 580-0771 (7-88)

Lab. 4 (R7-88)