MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY

DATAMASTER MAINTENANCE REPORT

RECEIVED DHSS Breath Alcohol Program
By Carol Day at 10:44 am, Sep 09, 2009

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
204093 INVENTORY # 127215	8-30-09
LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
#2 COURTHOUSE SQUARE, NEW MADRID, MO	1520

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 49 °C
  - [x] QUARTZ STANDARD
  - [x] FLOW DETECTOR
  - [x] CALIBRATION
  - [x] PUMP HIGH SPEED
  - [x] PRINTER
- [x] INDICATOR LIGHTS
- [x] TIME AND DATE 8-30-09 1520 HOURS
- [x] SIMULATOR TEMPERATURE (34 °C ± 0.2°C) 34°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
.101	.101	.101

- [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)
2	0	1	6	6	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)

INSTRUMENT OPERATING WITHIN DHSS REGULATIONS

GUTH LABORATORIES INC, LOT # 08340, EXP 10-15-09, .10% SOLUTION
- COMPUTER CHIP ( ) REPLACED
- INSTRUMENT CALIBRATED

INSPECTING OFFICER

SIGNATURE	PRINT NAME
▶ CPL 377	JASON N. CRITES
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
820277 9-29-10	(573) 840-9500

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

Ted L. Pauley, President
GUTH LABORATORIES, INC

State of Missouri
DEPARTMENT OF HEALTH

PERMIT
TYPE II

JASON CRITES

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 820277

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)

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204093
08/30/09
15:20

--- 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 377

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 204093
08/30/09

TESTING OFFICER:
CRITES/JASON/N
OFFICER I.D.: 377
PERMIT NUMBER: 820277
EXPIRATION DATE: 09/29/10
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	15:38
INTERNAL STANDARD	VERIFIED	15:38
EXTERNAL STANDARD	.101	15:39
BLANK TEST	.000	15:40
EXTERNAL STANDARD	.101	15:40
BLANK TEST	.000	15:41
EXTERNAL STANDARD	.101	15:41
BLANK TEST	.000	15:42

N = 3
SIM. = .1
AVG. = .101

Operator Signature CPL 377

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Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204093
08/30/09

ARREST TIME: 15:00
SUBJECT NAME:
TEST
DOB: 02/02/74 SEX: M
STATE/D.L.: MO/123456789
ARRESTING OFFICER:
TEST
OFFICER I.D.: 377
TESTING OFFICER:
CRITES/JASON/N
OFFICER I.D.: 377
PERMIT NUMBER: 820277
EXPIRATION DATE: 09/29/10
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Operator Signature CPL 377

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BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204093
08/30/09
16:17

--- CALIBRATION FACTORS ---

DATE	08/30/2009
b1	.345305000-03
b2	.501312100-02
Ca	.100000000 00
CAL	.921577430 00
a21	.114836092 01
Xa	.828440129-01

Operator Signature CPL 377

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