



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

DATAMASTER MAINTENANCE REPORT

RECEIVED REPORT #6
By Carol Day at 8:20 am, Dec 31, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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 201083	NAME OF AGENCY Boone County Sheriff's Department	DATE OF INSPECTION 12/18/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 2121 County Drive Columbia		TIME OF INSPECTION 9:52 pm

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.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) <u>12/18/14 21:52</u>
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <u>49</u> °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER

<input checked="" type="checkbox"/> INDICATOR LIGHTS
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth Laboratories</u> LOT # <u>14200</u> EXP. DATE <u>08/05/2016</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD2218</u> EXP. DATE <u>02/18/2015</u>

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)

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 .097	TEST 2 .098	TEST 3 .099
--------------	--------------	--------------

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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	5	OVER .19	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).

[Handwritten Signature]

INSPECTING OFFICER	
SIGNATURE	PRINT FULL NAME Gabe Edwards
TYPE II PERMIT NUMBER/EXPIRATION DATE 230286 11/26/2015	TELEPHONE NUMBER (573) 875-1111

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

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201093
12/18/14
21:52

---- DIAGNOSTIC CHECK ----

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HEATERS
SAMPLE CHAMBER: 49c
FLOW DETECTOR: OKAY
PUMP: OKAY
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

!##*%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcde fghijklmno
pqrstuvwxyz{|}~+

Card Stock No. 60021
OPERATOR SIGNATURE 

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
BAC DATAMASTER SERIAL NUMBER 201093
12/18/14

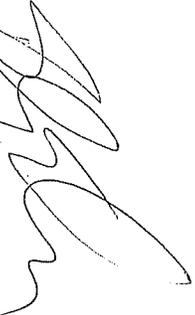
TESTING OFFICER:

EDWARDS/G
OFFICER I.D.: 463
PERMIT NUMBER: 230286
EXPIRATION DATE: 11/26/15
MISCELLANEOUS DATA:

---- SUPERVISOR MODE ----

BLANK TEST
INTERNAL STANDARD .000 21:54
EXTERNAL STANDARD .097 21:54
BLANK TEST .000 21:55
EXTERNAL STANDARD .098 21:55
ALINK TEST .000 21:56
EXTERNAL STANDARD .099 21:57
BLANK TEST .000 21:57

N = 3
SIM. = .1
HWB. = .098

Card Stock No. 60021
OPERATOR SIGNATURE 

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
BAC DATAMASTER SERIAL NUMBER 201093
12/18/14

ARREST TIME: 21:45

SUBJECT NAME:
RFI/TEST
DOB: 12/12/01 SEX: M
STATE/D.L.: MO/1234567890
ARRESTING OFFICER:
N/A

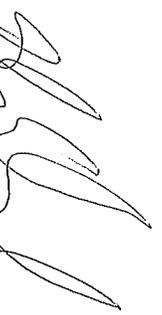
OFFICER I.D.: N/A

TESTING OFFICER:

EDWARDS/G
OFFICER I.D.: 463
PERMIT NUMBER: 230286
EXPIRATION DATE: 11/26/15
MISCELLANEOUS DATA:
RFI TEST

---- BREATH ANALYSIS ----

BLANK TEST .000 22:09
INTERNAL STANDARD .000 22:09
RADIO INTERFERENCE

Card Stock No. 60021
OPERATOR SIGNATURE 

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



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

2

PERMIT
TYPE II
GABE EDWARDS

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

ALCO-SENSOR IV WITH PRINTER, DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 11/26/2013

NUMBER 230286

EXPIRES 11/26/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator EDWARDS, GABE
Permit No 230286
Date Issued 11/26/2013 Date Expires 11/26/2015



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 **14200** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **August 6, 2014**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1213%** (w/vol) ethyl alcohol. The expiration date for this lot number is **August 5, 2016** 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.