



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
 BREATH ALCOHOL PROGRAM  
**DATAMASTER MAINTENANCE REPORT**

REPORT #6

**RECEIVED**  
 By Carol Day at 8:30 am, Jun 11, 2014

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 201171	NAME OF AGENCY Crestwood Police Department	DATE OF INSPECTION 06/10/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 1 Detjen Drive Crestwood		TIME OF INSPECTION 9:10 am

**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) 06/10/2014 0910 am
<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 _____ 48 °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, Inc.</u> LOT # <u>14110</u> EXP. DATE <u>05/01/2016</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C SIMULATOR SN <u>DR5309</u> EXP. DATE <u>04/03/2015</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  0.099	TEST 2  0.100	TEST 3  0.101
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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	1	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	1	OVER .19	0
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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).

Operating Properly

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME Kent Meier
TYPE II PERMIT NUMBER/EXPIRATION DATE 210102/01-03-2015	TELEPHONE NUMBER (314) 729-4800

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

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
CRESTWOOD POLICE DEPARTMENT

SAC DATAMASTER SERIAL NUMBER 201171  
06/10/14  
09:10

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS  
SAMPLE CHAMBER: 48c

FLOW DETECTOR: OKAY

PUMP  
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

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"*%&'()~+,-./0123456789:;@>?@BCDEFG
HIJKLMNOPQRSTUVWXYZ[\]^_`abcde fghijklmno
pqrstuvwxyz{|}~"
```

Operator Signature Sgt K. M. 254

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
CRESTWOOD POLICE DEPARTMENT

SAC DATAMASTER SERIAL NUMBER 201171  
06/10/14

TESTING OFFICER:  
METER/KENT  
OFFICER I.D.: 0254  
PERMIT NUMBER: 210102  
EXPIRATION DATE: 01/03/15  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	09:13
INTERNAL STANDARD	VERIFIED	09:13
EXTERNAL STANDARD	.099	09:13
BLANK TEST	.000	09:14
EXTERNAL STANDARD	.100	09:14
BLANK TEST	.000	09:15
EXTERNAL STANDARD	.101	09:15
BLANK TEST	.000	09:16

n = 3  
SIM. = .1  
AVG. = .1

Operator Signature Sgt K. M. 254

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
CRESTWOOD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201171  
06/10/14

ARREST TIME: 08:00  
SUBJECT NAME:  
TEST/BLANK  
DOB: 01/01/01 SEX: M  
STATE/D.L.: MO/123456  
ARRESTING OFFICER:  
MEIER/KENT  
OFFICER I.D.: 0254  
TESTING OFFICER:  
MEIER/KENT  
OFFICER I.D.: 0254  
PERMIT NUMBER: 210102  
EXPIRATION DATE: 01/03/15  
MISCELLANEOUS DATA:  
BLANK CHECK

--- BREATH ANALYSIS ---

BLANK TEST	.000	09:20
INTERNAL STANDARD	VERIFIED	09:20
SUBJECT SAMPLE	.000	09:22
BLANK TEST	.000	09:22

Operator Signature

*Sgt K. M. 254*

2208-02

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
CRESTWOOD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201171  
06/10/14

ARREST TIME: 09:00  
SUBJECT NAME:  
TEST/RFI  
DOB: 01/01/01 SEX: M  
STATE/D.L.: MO/123456  
ARRESTING OFFICER:  
MEIER/KENT  
OFFICER I.D.: 0254  
TESTING OFFICER:  
MEIER/KENT  
OFFICER I.D.: 0254  
PERMIT NUMBER: 210102  
EXPIRATION DATE: 01/03/15  
MISCELLANEOUS DATA:  
RFI TEST

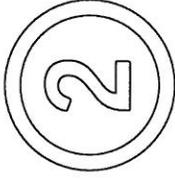
--- BREATH ANALYSIS ---

BLANK TEST	.000	09:10
INTERNAL STANDARD	VERIFIED	09:10
RADIO INTERFERENCE		

Operator Signature

*Sgt K. M. 254*

2208-1



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



**PERMIT**  
**TYPE II**

**KENT MEIER**

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

**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 01/03/2013  
 NUMBER 210102  
 EXPIRES 01/03/2015

*W. W. Vesterly*  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
*Paul Vesterly*  
 Acting Director



**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 14110 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **May 5, 2014**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1206%** (w/vol) ethyl alcohol. The expiration date for this lot number is **May 1, 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.*