



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

RECEIVED 2/14/14-CD

**REVIEWED**  
 By Carol Day at 9:27 am, Mar 14, 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 <b>201192</b>	NAME OF AGENCY <b>BALLWIN POLICE DEPARTMENT</b>	DATE OF INSPECTION <b>02/02/14</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>300 PARK DRIVE, BALLWIN</b>		TIME OF INSPECTION <b>00:20</b>

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) <b>02/02/14 00:20</b>
<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 <b>49</b> °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 <b>GUTH LABORATORIES, INC</b> LOT # <b>13100</b> EXP. DATE <b>4/23/15</b>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34.0</b> °C SIMULATOR SN <b>SD 2103</b> EXP. DATE <b>11/14/2014</b>

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 <b>.095</b>	TEST 2 <b>.097</b>	TEST 3 <b>.098</b>
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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 <b>3</b> (0-.04) <b>1</b>	(.05-.09) <b>0</b>	(.10-.14) <b>2</b>	(.15-.19) <b>0</b>	OVER .19 <b>1</b>
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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).

<b>INSPECTING OFFICER</b>	
SIGNATURE <b>P.O. Woolsey # 248</b>	PRINT FULL NAME <b>P.O. Paul Woolsey</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>220196 08/13/2014</b>	TELEPHONE NUMBER <b>636 227 9636</b>

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**



**GUTH LABORATORIES, INC.**

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13100 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 29, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is April 23, 2015 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.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
BALLWIN POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201192  
02/02/14  
00:20

--- 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:;<=>?@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnop  
qrstuvwxyz{|}~

OPERATOR SIGNATURE

P.O. [Signature] #248

Card Stock No.  
60021

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  
BALLWIN POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201192  
02/02/14

ARREST TIME: 00:01  
SUBJECT NAME:  
TEST  
DOB: 02/02/55      SEX: M  
STATE/D.L.: CA/098765  
ARRESTING OFFICER:  
WOOLSEY  
OFFICER I.D.: 248  
TESTING OFFICER:  
WOOLSEY  
OFFICER I.D.: 248  
PERMIT NUMBER: 220196  
EXPIRATION DATE: 08/13/14  
MISCELLANEOUS DATA:  
TEST  
TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	00:30
INTERNAL STANDARD	VERIFIED	00:30
RADIO INTERFERENCE		

OPERATOR SIGNATURE

*P.O. Woolsey #248*

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44801

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



PHIL WOOLSEY

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 08/13/2012

Number 220196

Expires 08/13/2014

Director of State Public Health Laboratory

Director, Department of Health

MO 68D-0771 (7-88)

Lab. 4 (R7-88)

**CERTIFIED ALCOHOL REFERENCE  
SOLUTION FOR SIMULATOR**

<u>13100</u> LOT NO.	<u>4/23/13</u> MFG. DATE	<u>4/23/15</u> EXP. DATE
<u>275 Gal.</u> LOT VOL.	<u>500 ML</u> BOT. VOL.	<u>        </u> BOT. NO.

When this reference solution is used with a breath simulator certified by Guth Laboratories, a properly operating instrument will read 0.10

For additional information contact:

Guth Laboratories, Inc.  
590 North 67<sup>th</sup> Street, Harrisburg, PA 17111  
Toll Free 800-233-2338  
Rev. 4/02

