



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

**RECEIVED**  
 REPORT #6  
 By Carol Day at 2:59 pm, Jan 16, 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 201194	NAME OF AGENCY Desloge Police Department	DATE OF INSPECTION 01/10/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 1000 N. Desloge Dr., Desloge, MO		TIME OF INSPECTION 6:01 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) 01/10/2014, 1801
<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 type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth</u> LOT # <u>13010</u> EXP. DATE <u>01/09/2015</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C SIMULATOR SN <u>093752</u> EXP. DATE <u>01/09/2015</u>	
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1 $\bullet$ .099	TEST 2 $\bullet$ .099	TEST 3 $\bullet$ .099
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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)	0	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).

This instrument is back in service. It was down for repair.  
 This instrument is operating within DOH specs.

**INSPECTING OFFICER**

SIGNATURE <i>G. Brad Judge</i>	PRINT FULL NAME G. Brad Judge
TYPE II PERMIT NUMBER/EXPIRATION DATE 230003, 01/08/2015	TELEPHONE NUMBER (573) 431-1463

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.**

555 NORTH 7TH STREET • WASHINGTON, DC 20011-4511 • TELEPHONE: 717-684-5678

## CERTIFICATE OF ANALYSIS

**Certified Alcohol Reference Solution for Simulator**

Random Samples of Lot Number 13010 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 14, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1218%** (w/vol) ethyl alcohol. The expiration date for this lot number is January 9, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L  $\pm$  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 FN122311-02 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.



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

2

PERMIT  
TYPE N

BRAD JUDGE

Is hereby authorized to install, maintain, operate, repair, calibrate, purchase, lease, acquire, and operate the following breath analyzer(s):

**DATAMASTER**

for the laboratories of the Department of Health and Senior Services at the following locations: 577.026 through 577.041, RSNes and 506.311 through 506.316 RSNes.

DATE 01/06/2013

NUMBER 230003

EXPIRES 01/06/2015

MO 500-0771 (8-10)

*W. H. S.*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Gal Verberly*

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (PB-10)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
DESLOGE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201194  
01/10/14

TESTING OFFICER:

JUDGE/BRAD

OFFICER I.D.: 407

PERMIT NUMBER: 230003

EXPIRATION DATE: 01/08/15

MISCELLANEOUS DATA:

GUTH LOT 13010

.100 SOL.

--- SUPERVISOR MODE ---

BLANK TEST	.000	18:03
INTERNAL STANDARD	VERIFIED	18:03
EXTERNAL STANDARD	.099	18:04
BLANK TEST	.000	18:04
EXTERNAL STANDARD	.099	18:05
BLANK TEST	.000	18:05
EXTERNAL STANDARD	.099	18:06
BLANK TEST	.000	18:06

N = 3

SIM. = .1

AVG. = .099

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
DESLOGE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201194  
01/10/14  
18:01

--- 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[\]^\_`abcdefghijklmnopqrstuvwxyz{|}~

OPERATOR SIGNATURE

*P.O. Judge E 407*

Stock No.

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

OPERATOR SIGNATURE

*P.O. Judge E 407*

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  
DESLOGE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201194  
01/10/14

ARREST TIME: 17:00  
SUBJECT NAME:  
JUDGE/BRADLEY  
DOB: 07/29/91      SEX: M  
STATE/D.L.: MO/1234567  
ARRESTING OFFICER:  
JUDGE/BRAD  
OFFICER I.D.: 407  
TESTING OFFICER:  
JUDGE/BRAD  
OFFICER I.D.: 407  
PERMIT NUMBER: 230003  
EXPIRATION DATE: 01/08/15  
MISCELLANEOUS DATA:  
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	18:09
INTERNAL STANDARD	VERIFIED	18:09
RADIO INTERFERENCE		

OPERATOR SIGNATURE

*P.O. Judge 407*

Card Stock No.  
60021

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