



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

**RECEIVED**  
 By Carol Day at 1:15 pm, May 12, 2014  
 REPORT #6

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 05/01/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 1000 N. Desloge Dr., Desloge, MO 63601		TIME OF INSPECTION 9:57 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) 05/01/2014 09:57
<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 _____ 49 °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>14030</u> EXP. DATE <u>01/22/2014</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ 34 _____ °C	SIMULATOR SN _____ 093752 EXP. DATE <u>01/09/2015</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 ⚡ .098
---------------	---------------	---------------

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)	0	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).

This instrument is operating within DOH specs.

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>P. O. J. 19407</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.**

600 NORTH 6TH STREET • HARRISBURG, PA 17111-4311 • TELEPHONE: 717-534-5670

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14030 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 22, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1215% (w/vol) ethyl alcohol. The expiration date for this lot number is January 20, 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%.

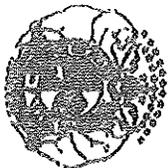
The alcohol and water used in this solution were free of test interfering substances.

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.*



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



**PERMIT**  
**TYPE II**

**BRAD JUDGE**

In conformity with the provisions of the laws of the State of Missouri, I hereby certify that the following person is qualified to operate a breath alcohol device:

**DATA MASTER**

For the Department of Health and Senior Services, I hereby certify that the following person is qualified to operate a breath alcohol device in accordance with the provisions of the laws of the State of Missouri:

DATE 01/08/2013

NUMBER 230003

EXPIRES 01/08/2015

MO 600-0771 (6-10)

*W. M. R.*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Brad Volody*

Assistant Director  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (06-10)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
DESLOGE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201194  
05/01/14

TESTING OFFICER:  
JUDGE/BRAD  
OFFICER I.D.: 407  
PERMIT NUMBER: 230003  
EXPIRATION DATE: 01/08/15  
MISCELLANEOUS DATA:  
GUTH .100 SOL  
LOT 14030

--- SUPERVISOR MODE ---

BLANK TEST	.000	10:00
INTERNAL STANDARD	VERIFIED	10:00
EXTERNAL STANDARD	.097	10:00
BLANK TEST	.000	10:01
EXTERNAL STANDARD	.098	10:01
BLANK TEST	.000	10:02
EXTERNAL STANDARD	.098	10:02
BLANK TEST	.000	10:03

N = 3  
SIM. = .1  
AVG. = .0976

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
DESLOGE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201194  
05/01/14  
09:57

--- 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:;<=>?@ABCDEFGHI  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefg h i j k l m n o  
p q r s t u v w x y z { | } ~ "

OPERATOR SIGNATURE P.O. J. E. 10

OPERATOR SIGNATURE P.O. J. E. 10

Card No.  
REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901

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  
05/01/14

ARREST TIME: 09:30  
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 CHK

--- BREATH ANALYSIS ---

BLANK TEST	.000	10:06
INTERNAL STANDARD	VERIFIED	10:07
RADIO INTERFERENCE		

OPERATOR SIGNATURE

*P.O. J. C. 407*

Card Stock No.  
60021

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