



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

**DATAMASTER MAINTENANCE REPORT**

RECEIVED REPORT #6  
By Carol Day at 1:34 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<br>201207  | NAME OF AGENCY<br>Park Hills Police Department | DATE OF INSPECTION<br>01/15/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>8 Municipal Dr. Park Hills |  | TIME OF INSPECTION<br>10:14 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) 01/15/14 10:14        |
| <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>13010</u> EXP. DATE <u>01/09/2015</u> |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD2776</u> EXP. DATE <u>07/10/2014</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 <input checked="" type="checkbox"/> .098 | TEST 2 <input checked="" type="checkbox"/> .097 | TEST 3 <input checked="" type="checkbox"/> .097 |
|---|---|---|

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).  
Machine operates within DOH guidelines.

|  |                                    |
|--|------------------------------------|
| <b>INSPECTING OFFICER</b>                                |                                    |
| SIGNATURE<br>  | PRINT FULL NAME<br>Lt. Doug Bowles |
| TYPE II PERM NUMBER/EXPIRATION DATE<br>220054 02/21/2014 | TELEPHONE NUMBER<br>(573) 431-3122 |

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 47TH STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

**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°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  
PARK HILLS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201207  
01/15/14

ARREST TIME: 10:00  
SUBJECT NAME:  
TEST  
DOB: 10/10/10 SEX: M  
STATE/D.L.: TX/098765  
ARRESTING OFFICER:  
TEST  
OFFICER I.D.: 98888888  
TESTING OFFICER:  
BOWLES  
OFFICER I.D.: 202  
PERMIT NUMBER: 220054  
EXPIRATION DATE: 02/21/14  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

OPERATOR SIGNATURE



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

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**BAC DataMaster**  
Evidence Ticket

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Evidence Ticket

STATE OF MISSOURI  
PARK HILLS POLICE DEPARTMENT

STATE OF MISSOURI  
PARK HILLS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201207  
01/15/14

BAC DATAMASTER SERIAL NUMBER 201207  
01/15/14  
10:18

TESTING OFFICER:  
BOWLES  
OFFICER I.D.: 202  
PERMIT NUMBER: 220054  
EXPIRATION DATE: 02/21/14  
MISCELLANEOUS DATA:

--- DIAGNOSTIC CHECK ---

--- SUPERVISOR MODE ---

|                   |          |       |
|-------------------|----------|-------|
| BLANK TEST        | .000     | 10:14 |
| INTERNAL STANDARD | VERIFIED | 10:14 |
| EXTERNAL STANDARD | .098     | 10:14 |
| BLANK TEST        | .000     | 10:15 |
| EXTERNAL STANDARD | .097     | 10:16 |
| BLANK TEST        | .000     | 10:16 |
| EXTERNAL STANDARD | .097     | 10:17 |
| BLANK TEST        | .000     | 10:17 |

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

N = 3  
SIM. = .1  
AVG. = .0973

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJKL  
MNPQRSTUVWXYZ[\]^\_`abcdefghijklmnopqrstu  
vwxyz{|}~

OPERATOR SIGNATURE 

OPERATOR SIGNATURE 

Stock 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

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



DOUG BOWLES

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 02/21/2012

Number 220054

Expires 02/21/2014

Director of State Public Health Laboratory

Director, Department of Health