



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

**RECEIVED** REPORT # 6  
 By Carol Day at 11:52 am, Sep 17, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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 201216	NAME OF AGENCY Riverside Police Department	DATE OF INSPECTION 09/17/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 2990 NW Vivion Road, Riverside MO 64150 (Booking HQ)		TIME OF INSPECTION 9:20 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) 09/17/2014 @ 09:32 hrs
<input checked="" type="checkbox"/> COMPUTER <i>OKAY</i>	<input checked="" type="checkbox"/> DETECTOR <i>OKAY</i>
<input checked="" type="checkbox"/> PROGRAM <i>OKAY</i>	<input checked="" type="checkbox"/> FILTERS <i>OKAY</i>
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER _____ 48 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD <i>OKAY</i>
<input checked="" type="checkbox"/> FLOW DETECTOR <i>OKAY</i>	<input checked="" type="checkbox"/> CALIBRATION <i>OKAY</i>
<input checked="" type="checkbox"/> PUMP HIGH SPEED <i>OKAY</i>	<input checked="" type="checkbox"/> PRINTER <i>OKAY</i>

INDICATOR LIGHTS *OKAY*

SIMULATOR SOLUTION SUPPLIER Guth Laboratories, Inc. LOT # 14030 EXP. DATE 01/20/2016

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN DR5371 EXP. DATE 12/11/2014

CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) (WITH IN LIMITS)

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 <i>OKAY</i> .101	TEST 2 <i>OKAY</i> .100	TEST 3 <i>OKAY</i> .100
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PERFORM R.F.I. TEST (PRINTOUT ATTACHED) *OKAY*

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)	3	(.15-.19)	1	OVER .19	1
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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).

None.  
 Instrument is functioning / operating within all established limits and guidelines.

INSPECTING OFFICER	
SIGNATURE <i>Dean Noll</i>	PRINT FULL NAME Sgt. Dean Noll
TYPE II PERMIT NUMBER/EXPIRATION DATE 220429 12/27/2014	TELEPHONE NUMBER (816) 741-1191

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.

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 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



P E R M I T  
TYPE II



DEAN W NOLL

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 12/27/2012

Number 220429

Expires 12/27/2014

Director of State Public Health Laboratory

ACTING DIRECTOR

Director, Department of Health

Face This Side Down - This Edge In First

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
RIVERSIDE DEPT OF PUBLIC SAFETY

BAC DATAMASTER SERIAL NUMBER 201216  
09/17/14

TESTING OFFICER:  
NOLL/DEAN/W  
OFFICER I.D.: 40  
PERMIT NUMBER: 220429  
EXPIRATION DATE: 12/27/14  
MISCELLANEOUS DATA:  
MAINTENANCE SEPT 2014

--- SUPERVISOR MODE ---

BLANK TEST	.000	09:35
INTERNAL STANDARD	VERIFIED	09:35
EXTERNAL STANDARD	.101	09:35
BLANK TEST	.000	09:36
EXTERNAL STANDARD	.100	09:37
BLANK TEST	.000	09:37
EXTERNAL STANDARD	.100	09:38
BLANK TEST	.000	09:38

N = 3  
SIM. = .1  
AVG. = .1003

Face This Side Down - This Edge In First

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
RIVERSIDE DEPT OF PUBLIC SAFETY

BAC DATAMASTER SERIAL NUMBER 201216  
09/17/14  
09:32

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	47c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

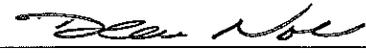
PRINTER TEST

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

Signature



Operator Signature



Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
RIVERSIDE DEPT OF PUBLIC SAFETY

BAC DATAMASTER SERIAL NUMBER 201216  
09/17/14

ARREST TIME: 09:20  
SUBJECT NAME:  
BLANK/TEST  
DOB: 01/01/80 SEX: M  
STATE/D.L.: MO/1234567890  
ARRESTING OFFICER:  
NOLL/DEAN/W  
OFFICER I.D.: 40  
TESTING OFFICER:  
NOLL/DEAN/W  
OFFICER I.D.: 40  
PERMIT NUMBER: 220429  
EXPIRATION DATE: 12/27/14  
MISCELLANEOUS DATA:  
BLANK TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	09:44
INTERNAL STANDARD	VERIFIED	09:44
SUBJECT SAMPLE	.000	09:44
BLANK TEST	.000	09:45

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
RIVERSIDE DEPT OF PUBLIC SAFETY

BAC DATAMASTER SERIAL NUMBER 201216  
09/17/14

ARREST TIME: 09:20  
SUBJECT NAME:  
RFI/CHECK  
DOB: 01/01/80 SEX: M  
STATE/D.L.: MO/1234567890  
ARRESTING OFFICER:  
NOLL/DEAN/W  
OFFICER I.D.: 40  
TESTING OFFICER:  
NOLL/DEAN/W  
OFFICER I.D.: 40  
PERMIT NUMBER: 220429  
EXPIRATION DATE: 12/27/14  
MISCELLANEOUS DATA:  
RFI CHECK

--- BREATH ANALYSIS ---

BLANK TEST	.000	09:41
INTERNAL STANDARD	VERIFIED	09:41
RADIO INTERFERENCE		

Operator Signature

*Dea Noel*

Operator Signature

*Dea Noel*