



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

RECEIVED

By Carol Day at 2:31 pm, Mar 31, 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 #201217	NAME OF AGENCY Crystal City Police Department	DATE OF INSPECTION 03/31/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 130 Mississippi Avenue, Crystal City		TIME OF INSPECTION 0:27 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) 03/31/2014 0:47 am
<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, Inc.</u> LOT # <u>13290</u> EXP. DATE <u>10/29/2015</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>DR3772</u> EXP. DATE <u>04/03/2015</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 → .101	TEST 2 → .100	TEST 3 → .100
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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	0	(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).

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME Ptn. Jeffery S. Wynn, DSN-212
TYPE II PERMIT NUMBER/EXPIRATION DATE 220090 04/05/2014	TELEPHONE NUMBER (636) 937-4601

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 17111-4311 • TELEPHONE: 717-664-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 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 MISSISSIPPI
CRYSTAL CITY POLICE DEPARTMENT

FOR DATAMASTER MOTOR VEHICLE BREATH
05/18/07
08147

--- REQUESTED CASE # ---

CONDUCTOR: 08147

ADDRESS: 08147

CITY: 08147

STATE: 08147

PLATE: 08147

REG: 08147

CLASS: 08147

TEST: 08147

RESULT: 08147

DATE: 08147

TIME: 08147

CRIMINAL JUSTICE TRAINING CENTER
1100 WEST 10TH AVENUE
DENVER, CO 80202

Operator Signature

[Handwritten Signature] #210 Type II

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSISSIPPI
CRYSTAL CITY POLICE
MID MISSISSIPPI STATE LAW ENFORCEMENT
05/18/07

OFFICER NAME: [REDACTED]
OFFICER ID: [REDACTED]
OFFICER TYPE: [REDACTED]
OFFICER RANK: [REDACTED]
OFFICER DIVISION: [REDACTED]
OFFICER ASSIGNMENT: [REDACTED]
OFFICER STATUS: [REDACTED]
OFFICER EMPLOYMENT: [REDACTED]
OFFICER LICENSE: [REDACTED]
OFFICER EXPIRES: [REDACTED]
OFFICER ISSUES: [REDACTED]
OFFICER ISSUED: [REDACTED]

BLANK TEST
MUTUAL SYSTEMS
MUTUAL SYSTEMS
MUTUAL SYSTEMS

Operator Signature

[Handwritten Signature]
#212 Type II

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



JEFFERY S WYNN

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 04/05/2012

Number 220090

Expires 04/05/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (97-80)