



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

**RECEIVED**

By Carol Day at 9:44 am, May 12, 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 05/06/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 130 Mississippi Avenue, Crystal City		TIME OF INSPECTION 10:07 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)	05/06/2014	10:07 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	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 checked="" type="checkbox"/> PRINTER		
<input checked="" type="checkbox"/> INDICATOR LIGHTS			
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER	Guth Laboratories, Inc.	LOT # 13290	EXP. DATE 10/29/2015
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C)	34.0 °C	SIMULATOR SN DR3772	EXP. DATE 04/30/2015
<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 → .095	TEST 2 → .096	TEST 3 → .095
---------------	---------------	---------------

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	1
----------	---	---------	---	-----------	---	-----------	---	-----------	---	----------	---

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).

Replaced printer ribbon.

**INSPECTING OFFICER**

SIGNATURE Sgt. Jeffery S. Wynn #204	PRINT FULL NAME Sgt. Jeffery S. Wynn, DSN-204
TYPE II PERMIT NUMBER/EXPIRATION DATE 240141 04/03/2016	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.**

400 NORTH 6TH STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-564-5470

**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.*

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
CRYSTAL CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 281217  
05/06/14  
19:57

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM (04-07-2009): OKAY  
HEATERS  
SAMPLE CHAMBER: 42C  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST  
!#\$%&'()\*+,-./0123456789:;<=>?@R&CIEF6  
HIJKLNPQRS TUVWXYZ[\]^\_`abcde fghijklmno  
pqrstuvwxyz{|}~

Operator Signature *[Signature]* #204 Type II

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
CRYSTAL CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 281217  
05/06/14

TESTING OFFICER:  
WYNN/JEFFERY/S  
OFFICER I.D.: 204  
PERMIT NUMBER: 240141  
EXPIRATION DATE: 04/03/16  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST .000 10:09  
INTERNAL STANDARD VERIFIED 10:10  
EXTERNAL STANDARD .095 10:10  
BLANK TEST .000 10:11  
EXTERNAL STANDARD .095 10:11  
BLANK TEST .000 10:12  
EXTERNAL STANDARD .095 10:13  
BLANK TEST .000 10:13

N = 3  
SIN. = .1  
AVG. = .0953

Operator Signature *[Signature]* #204 Type II

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
CRYSTAL CITY POLICE DEPARTMENT

BAC INTRAMASTER SERIAL NUMBER 201217  
05/06/14

ARREST TIME: 09:45  
SUBJECT NAME:  
TEST/RFI  
DOB: 01/02/34 SEX: F  
STATE/D.L.: MO/A123456789  
ARRESTING OFFICER:  
WYNN/JEFFERY/S  
OFFICER I.D.: 204  
TESTING OFFICER:  
WYNN/JEFFERY/S  
OFFICER I.D.: 204  
PERMIT NUMBER: 240141  
EXPIRATION DATE: 04/03/16  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	12:16
INTERNAL STANDARD	VERIFIED	12:16
RADIO INTERFERENCE		

Operator Signature *[Signature]* #204 Type II



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



**PERMIT  
TYPE II**

**JEFFERY S WYNN**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**DATAMASTER**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 4/3/2014

NUMBER 240141

EXPIRES 4/3/2016

MO 590-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

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

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*

Operator WYNN, JEFFERY  
Permit No 240141  
Date Issued 4/3/2014 Date Expires 4/3/2016