



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

RECEIVED 1/24/14-CD

**REVIEWED** REPORT #6  
 By Carol Day at 11:59 am, Feb 04, 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 <b>201218</b>	NAME OF AGENCY <b>Jefferson County S.O.</b>	DATE OF INSPECTION <b>01/15/14</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>510 First St. Hillsboro</b>		TIME OF INSPECTION <b>1845</b>

**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) <b>01/15/14 18</b>
<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 <b>49</b> °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 <b>Guth lab</b>	LOT # <b>13100</b> EXP. DATE <b>04/23/15</b>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34</b> °C	SIMULATOR SN <b>SD2222</b> EXP. DATE <b>05/07/14</b>

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 - <b>.095</b>	TEST 2 - <b>.096</b>	TEST 3 - <b>.097</b>
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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 <b>0</b>	(0-.04) <b>0</b>	(.05-.09) <b>1</b>	(.10-.14) <b>1</b>	(.15-.19) <b>1</b>	OVER .19 <b>0</b>
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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).

**Instrument operates within guidelines set forth by Dept.**

<b>INSPECTING OFFICER</b>	
SIGNATURE <b>[Signature]</b>	PRINT FULL NAME <b>Richard Seattle 197</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>230087 05/15/15</b>	TELEPHONE NUMBER <b>636 797-5000</b>

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 13100 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 29, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is April 23, 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 FNI22211-02 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  
BAC DATAMASTER SERIAL NUMBER 201218  
01/15/14

TESTING OFFICER:  
BEATTIE/RICHARD  
OFFICER I.D.: 197  
PERMIT NUMBER: 230087  
EXPIRATION DATE: 05/15/15  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	18:50
INTERNAL STANDARD	VERIFIED	18:58
EXTERNAL STANDARD	.095	18:59
BLANK TEST	.000	19:00
EXTERNAL STANDARD	.096	19:00
BLANK TEST	.000	19:01
EXTERNAL STANDARD	.097	19:01
BLANK TEST	.000	19:02

N = 3  
SIM. = .099  
AVG. = .096

Operator Signature *Beattie*

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 201218  
01/15/14  
18:51

--- 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:;@>?@AB[ ]^\_`  
 HIJKLMNPQRSTUWXYZ{|}~ abcdefghijklmnop  
 qrstuvwxyz{|}~

Operator Signature *Beattie* 197

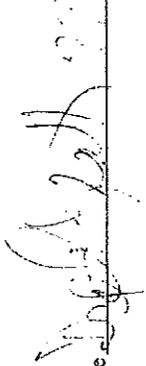
Face This Side Down - This Edge In First

**BAC DataMaster**  
**Evidence Ticket**

STATE OF MISSOURI  
PAC DATAMASTER SERIAL NUMBER: 001218  
01/15/14

REQUEST TIME: 10:00  
SUBJECT NAME:  
REF ID:  
DOB: 01-01-1978  
STATE: MISSOURI  
REQUESTING OFFICE:  
TRA  
OFFICE: 10000  
TESTING COURSE:  
REQUIRE:  
OFFICER: J. D. [unclear]  
PERMIT NUMBER: 20000  
EXPIRATION DATE: 05/31/2014  
MISCELLANEOUS:

BLIND TEST:  
ENTERED BY: STAFF  
RADIO BY: STAFF



Operator Signature



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

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**PERMIT  
 TYPE II**

**RICHARD T BEATTIE**

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 05/15/2013  
 NUMBER 230087  
 EXPIRES 05/15/2015

*W. W. S.*  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Darl Vosterly*  
 Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 LAB-4 (R6-10)