



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

REPORT #6

**RECEIVED**  
 By Carol Day at 9:26 am, Dec 08, 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><b>201228</b>   | NAME OF AGENCY<br><b>Jefferson County Sheriff Office</b> | DATE OF INSPECTION<br><b>03/19/2014</b> |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><b>510 First St. Hillsboro, Mo</b> |  | TIME OF INSPECTION<br><b>2100 hrs</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>03/19/14 2052 hrs</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<sup>o</sup></b> °C SIMULATOR SN <b>SD2222</b> EXP. DATE <b>05/20/2014</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>.096</b> | TEST 2 - <b>.096</b> | TEST 3 - <b>.097</b> |
|----------------------|----------------------|----------------------|

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>1</b> | (.05-.09) <b>3</b> | (.10-.14) <b>5</b> | (.15-.19) <b>4</b> | OVER .19 <b>1</b> |
|-------------------|-------------------|--------------------|--------------------|--------------------|-------------------|

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 the guidelines set forth by the Dept. of Health & Senior Services**

|   |  |
|---|--|
| <b>INSPECTING OFFICER</b>                                       |  |
| SIGNATURE<br><b>[Signature]</b>                                 | PRINT FULL NAME<br><b>Det. Richard Beattie 197</b>   |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br><b>230087 05/13/15</b> | TELEPHONE NUMBER<br><b>636-797-5000</b>  |
| RETURN COMPLETED REPORT TO THE:                                 | Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office<br>2875 James Blvd.<br>Poplar Bluff, MO 63901 |

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 201218  
03/19/14

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

--- SUPERVISOR MODE ---

|                   |          |       |
|-------------------|----------|-------|
| BLANK TEST        | .000     | 21:06 |
| INTERNAL STANDARD | VERIFIED | 21:06 |
| EXTERNAL STANDARD | .096     | 21:06 |
| BLANK TEST        | .000     | 21:07 |
| EXTERNAL STANDARD | .096     | 21:07 |
| BLANK TEST        | .000     | 21:08 |
| EXTERNAL STANDARD | .097     | 21:09 |
| BLANK TEST        | .000     | 21:09 |

N = 3

SUM. = .099

AVG. = .0963

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 201218  
03/19/14  
20:57

--- DIAGNOSTIC CHECK ---

|                       |      |
|-----------------------|------|
| 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 |

PRINTER TEST

! " # % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z ( ) \* +

Operator Signature

2208-02

Operator Signature

2208-02

Face This Side Down - This Edge In First

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

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 201218  
08/19/14

ARREST TIME: 10:00  
SUBJECT NAME:  
RFI/TEST  
DOB: 01/01/01      SEX: M  
STATE/D.L.: NA/NA  
ARRESTING OFFICER:  
NA  
OFFICER I.D.: NA  
TESTING OFFICER:  
BEATTIE/R  
OFFICER I.D.: 197  
PERMIT NUMBER: 230087  
EXPIRATION DATE: 05/15/15  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

|                    |          |       |
|--------------------|----------|-------|
| BLANK TEST         | .000     | 21:12 |
| INTERNAL STANDARD  | VERIFIED | 21:12 |
| RADIO INTERFERENCE |          |       |

Operator Signature

*[Handwritten Signature]*  
197



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

2

**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

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



**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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L  $\pm$  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.*