



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

**RECEIVED**  
 By Carol Day at 11:04 am, Oct 14, 2014  
 REPORT #6

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 201221	NAME OF AGENCY Moberly Police Department	DATE OF INSPECTION 10/09/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 300 N Clark Street Moberly, MO 65270		TIME OF INSPECTION 3:07 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) <u>10/09/14 03:10</u>
<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</u> LOT # <u>14030</u> EXP. DATE <u>01/20/2016</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD1500</u> EXP. DATE <u>09/04/2015</u>

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 $\Rightarrow$ .102	TEST 2 $\Rightarrow$ .105	TEST 3 $\Rightarrow$ .105
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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)	1	(.05-.09)	0	(.10-.14)	1	(.15-.19)	0	OVER .19	2
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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).

N/A

**INSPECTING OFFICER**

SIGNATURE <i>Michael C Hollis</i>	PRINT FULL NAME Michael C Hollis
TYPE II PERMIT NUMBER/EXPIRATION DATE 220123 03/24/2016	TELEPHONE NUMBER (660) 263-0346

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 87th STREET • HARRISBURG, PA 17111-4311 • TELEPHONE: 717-664-8470

### 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 0.200 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 MISSOURI

BAC DATAMASTER SERIAL NUMBER 201221  
10/09/14

ARREST TIME: 01:12  
SUBJECT NAME:  
RFI/TEST  
DOB: 01/01/01 SEX: M  
STATE/D.L.: MO/NA  
ARRESTING OFFICER:  
NA  
OFFICER I.D.:  
TESTING OFFICER:  
HOLLIS/M/C  
OFFICER I.D.: 234  
PERMIT NUMBER: 240123  
EXPIRATION DATE: 03/24/16  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

<input type="checkbox"/>	BLANK TEST	.000	03:13
<input type="checkbox"/>	INTERNAL STANDARD	VERIFIED	03:13
<input type="checkbox"/>	RADIO INTERFERENCE		

*Michael C. Hollis*

Operator Signature

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**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI

BAC DATAMASTER SERIAL NUMBER 201221  
10/09/14

ARREST TIME: 01:12  
SUBJECT NAME:  
BLANK/TEST  
DOB: 01/01/01 SEX: M  
STATE/D.L.: MO/NA  
ARRESTING OFFICER:  
NA  
OFFICER I.D.:  
TESTING OFFICER:  
HOLLIS/M/C  
OFFICER I.D.: 234  
PERMIT NUMBER: 240123  
EXPIRATION DATE: 03/24/16  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

<input type="checkbox"/>	BLANK TEST	.000	03:15
<input type="checkbox"/>	INTERNAL STANDARD	VERIFIED	03:15
<input type="checkbox"/>	SUBJECT SAMPLE	.000	03:15
<input type="checkbox"/>	BLANK TEST	.000	03:16

*Michael C. Hollis*

Operator Signature

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**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI

BAC DATAMASTER SERIAL NUMBER 201221  
10/09/14

TESTING OFFICER:  
HOLLIS/M/C  
OFFICER I.D.# 234  
PERMIT NUMBER: 240123  
EXPIRATION DATE: 03/24/16  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	03:07
INTERNAL STANDARD	VERIFIED	03:07
EXTERNAL STANDARD	.102	03:07
BLANK TEST	.000	03:08
EXTERNAL STANDARD	.105	03:08
BLANK TEST	.000	03:09
EXTERNAL STANDARD	.105	03:09
BLANK TEST	.000	03:10

N = 3  
SIM. = .099  
AVG. = .104

Operator Signature *Michael C Hollis*

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**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI

BAC DATAMASTER SERIAL NUMBER 201221  
10/09/14  
03:10

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-67-2009): OKAY

HEATERS

SAMPLE CHAMBER: 49c

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

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

Operator Signature *Michael C Hollis*