



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

**RECEIVED**

By Carol Day at 2:51 pm, Dec 18, 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<br>201223 | NAME OF AGENCY<br>Branson West Police Department | DATE OF INSPECTION<br>12/06/2014 |
|-------------------------|--|----------------------------------|

|  |                               |
|--|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>110 Silverlady Ln Branson West Mo, 65737 | TIME OF INSPECTION<br>5:07 pm |
|--|-------------------------------|

**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>12-06-2014 1507</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 <u>49</u> °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          |

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 14200 EXP. DATE 08/05/2016

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD3139 EXP. DATE 07/30/2015

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 $\blackleftarrow$ .095 | TEST 2 $\blackleftarrow$ .095 | TEST 3 $\blackleftarrow$ .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) | 1 | (.05-.09) | 0 | (.10-.14) | 0 | (.15-.19) | 1 | OVER .19 | 0 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|----------|---|

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).

|  |                                    |
|--|------------------------------------|
| <b>INSPECTING OFFICER</b>                                  |                                    |
| SIGNATURE<br>  | PRINT FULL NAME<br>Vincent Collins |
| TYPE II PERMIT NUMBER EXPIRATION DATE<br>230091 05/28/2015 | TELEPHONE NUMBER<br>(417) 272-3400 |

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 14200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 6, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1213% (w/vol) ethyl alcohol. The expiration date for this lot number is August 5, 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 0.100 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  
BRANSON WEST POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201223  
12/06/14  
17:07

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM (04-07-2009): OKAY  
HEATERS  
SAMPLE CHAMBER: 49C  
FLOW DETECTOR: OKAY  
PUMP  
ITEM SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

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

Signature

BAC DataMaster  
Evidence Ticket

STATE OF MISSOURI  
BRANSON WEST POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201223  
12/06/14

TESTING OFFICER:  
COLLINS/VINCE/T  
OFFICER I.D.: 303  
PERMIT NUMBER: 230091  
EXPIRATION DATE: 05/28/15  
MISCELLANEOUS DATA:  
N  
N

--- SUPERVISOR MODE ---

|                   |          |       |
|-------------------|----------|-------|
| BLANK TEST        | .000     | 17:20 |
| INTERNAL STANDARD | VERIFIED | 17:20 |
| EXTERNAL STANDARD | .095     | 17:20 |
| BLANK TEST        | .000     | 17:21 |
| EXTERNAL STANDARD | .095     | 17:21 |
| BLANK TEST        | .000     | 17:22 |
| EXTERNAL STANDARD | .095     | 17:22 |
| BLANK TEST        | .000     | 17:23 |

N = 3  
SIM. = .1  
AVG. = .095  
S.D. = 0  
S.E. = -0

Operator Signature

BAC DataMaster  
Evidence Ticket

STATE OF MISSOURI  
BRANSON WEST POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201223  
12/06/14

ARREST TIME: 17:00  
SUBJECT NAME:  
RFI/TEST  
DOB: 01/01/80 SEX: M  
STATE/D.L.: MO/123456  
ARRESTING OFFICER:  
COLLINS/VINCENT/T  
OFFICER I.D.: 303  
TESTING OFFICER:  
COLLINS/VINCENT/T  
OFFICER I.D.: 303  
PERMIT NUMBER: 230091  
EXPIRATION DATE: 05/23/15  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Signature *[Handwritten Signature]*

BAC DataMaster  
Evidence Ticket

STATE OF MISSOURI  
BRANSON WEST POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201223  
12/06/14

ARREST TIME: 17:00  
SUBJECT NAME:  
BLANK/TEST  
DOB: 01/01/80 SEX: M  
STATE/D.L.: MO/123456  
ARRESTING OFFICER:  
COLLINS/VINCENT/T  
OFFICER I.D.: 303  
TESTING OFFICER:  
COLLINS/VINCENT/T  
OFFICER I.D.: 303  
PERMIT NUMBER: 230091  
EXPIRATION DATE: 05/23/15  
MISCELLANEOUS DATA:

M  
M



--- BREATH ANALYSIS ---

|                   |          |       |
|-------------------|----------|-------|
| BLANK TEST        | .000     | 17:30 |
| INTERNAL STANDARD | VERIFIED | 17:30 |
| SUBJECT SAMPLE    | .000     | 17:30 |
| BLANK TEST        | .000     | 17:31 |

Operator Signature *[Handwritten Signature]*



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



**PERMIT**  
**TYPE II**

**VINCENT COLLINS**

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 05/28/2013

NUMBER 230091

EXPIRES 05/28/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (PS-10)