



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

**RECEIVED** REPORT 6  
 By Carol Day at 10:11 am, Apr 11, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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>201227   | NAME OF AGENCY<br>Fulton Police Department | DATE OF INSPECTION<br>04/03/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>935 Business 54 South |  | TIME OF INSPECTION<br>11:05 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) 04/03/2014 11:05 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 _____ 49 °C   | <input checked="" type="checkbox"/> QUARTZ STANDARD _____ |
| <input checked="" type="checkbox"/> FLOW DETECTOR                        | <input checked="" type="checkbox"/> CALIBRATION <i>ce</i> |
| <input checked="" type="checkbox"/> PUMP HIGH SPEED                      | <input checked="" type="checkbox"/> PRINTER               |

COPY

|   |
|---|
| <input checked="" type="checkbox"/> INDICATOR LIGHTS  |
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth Laboratories</u> LOT # <u>13210</u> EXP. DATE <u>07/29/2015</u> |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C SIMULATOR SN <u>SD2726</u> EXP. DATE <u>09/17/2014</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 <i>ce</i> .097 | TEST 2 <i>ce</i> .098 | TEST 3 <i>ce</i> .098 |
|-----------------------|-----------------------|-----------------------|

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) | 4 | (.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).

Instrument meets all DOHSS specifications

|  |                                    |
|--|------------------------------------|
| <b>INSPECTING OFFICER</b>                                  |                                    |
| SIGNATURE<br><i>[Signature]</i>                            | PRINT FULL NAME<br>H. Roger Rice   |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>220177 07/24/2014 | TELEPHONE NUMBER<br>(573) 592-3100 |

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 17111-4811 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13210 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is July 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.*

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



H ROGER RICE

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

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 07/24/2012

Number 220177

Expires 07/24/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
FULTON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 281227  
04/03/14  
11:05

### DIAGNOSTIC CHECK

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS

SAMPLE CHAMBER: 49c

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

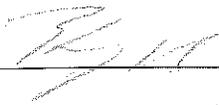
QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

### PRINTER TEST

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

Operator Signature



2208-02

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
FULTON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 281227  
04/03/14

ARREST TIME: 10:45

SUBJECT NAME:

TEST

DOB: 01/01/01 SEX: M

STATE/D.L.: MO/1234567890

ARRESTING OFFICER:

TEST

OFFICER I.D.: 00

TESTING OFFICER:

RICE/ROGER

OFFICER I.D.: 00

PERMIT NUMBER: 220177

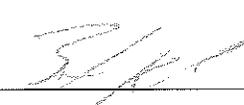
EXPIRATION DATE: 07/24/14

MISCELLANEOUS DATA:

### BREATH ANALYSIS

|                    |          |       |
|--------------------|----------|-------|
| BLANK TEST         | .000     | 11:16 |
| INTERNAL STANDARD  | VERIFIED | 11:16 |
| RADIO INTERFERENCE |          |       |

Operator Signature



2208-02

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
FULTON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 291227  
04/03/14

TESTING OFFICER:  
RICE/ROGER  
OFFICER I.D. #: 03  
PERMIT NUMBER: 220177  
EXPIRATION DATE: 07/24/14  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

|                   |          |       |
|-------------------|----------|-------|
| BLANK TEST        | .000     | 11:09 |
| INTERNAL STANDARD | VERIFIED | 11:09 |
| EXTERNAL STANDARD | .097     | 11:10 |
| BLANK TEST        | .000     | 11:11 |
| EXTERNAL STANDARD | .098     | 11:11 |
| BLANK TEST        | .000     | 11:12 |
| EXTERNAL STANDARD | .098     | 11:12 |
| BLANK TEST        | .000     | 11:13 |

N = 3  
S.D. = .117  
AVG. = .0976

Operator Signature 