



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

RECEIVED
 By Carol Day at 3:14 pm, May 12, 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 201231	NAME OF AGENCY Thayer Police Department	DATE OF INSPECTION 04/30/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Thayer Police Dept. 102 Front St. Thayer, Mo 65791		TIME OF INSPECTION 8:01 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) 04/30/2014 20:01
<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 Guth Lab LOT # 14030 EXP. DATE 01/20/2016

<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN SD 2301 EXP. DATE 03/12/2015

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 .099	TEST 2 .100	TEST 3 .100
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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-.04) /	(.05-.09) /	(.10-.14) /	(.15-.19) /	OVER .19 /
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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).

INSPECTING OFFICER

SIGNATURE Sgt. J. A. Martin 4094	PRINT FULL NAME Sgt. James A. Martin
TYPE OF PERMIT NUMBER/EXPIRATION DATE 230328 12/23/2015	TELEPHONE NUMBER (417) 264-3819

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 17111-4611 • TELEPHONE: 717-664-5470

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 0.100 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.

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201231
04/30/14

TESTING OFFICER:
MARTIN, JAMES/A
OFFICER I.D.: 4094
PERMIT NUMBER: 230323
EXPIRATION DATE: 12/23/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	20:04
INTERNAL STANDARD	VERIFIED	20:04
EXTERNAL STANDARD	.099	20:04
BLANK TEST	.000	20:05
EXTERNAL STANDARD	.100	20:05
BLANK TEST	.000	20:06
EXTERNAL STANDARD	.100	20:06
BLANK TEST	.000	20:07

N = 3
SIM. = .1
AVG. = .0996

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201231
04/30/14
20:01

--- 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:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnop
qrstuvwxyz{|}~?

Signature Sgt. J. A. Martin

Operator Signature Sgt. J. A. Martin

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201201
04/30/14

ARREST TIME: 19140
SUBJECT NAME:
MASTER/DATA
DOB: 02/21/01 SEX: M
STATE I.D.# MO/012045
ARRESTING OFFICER:
MARTIN/JAMES
OFFICER I.D.# 4004
TESTING OFFICER:
MARTIN/JAMES/A
OFFICER I.D.# 4004
PERMIT NUMBER: 000000
EXPIRATION DATE: 12/31/15
MISCELLANEOUS DATA:
K.F.T. YES
A.F.T. YES

--- BREATH ANALYSIS ---

_____	SURF TEST	0.02	2010
_____	INTERNAL STANDARD	VERIFIED	2010
	WALD INTERFERENCE		

Operator Signature

J. A. Martin



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

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PERMIT
TYPE II
JAMES A MARTIN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repair 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 section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 12/23/2013

NUMBER 230328

EXPIRES 12/23/2015

[Signature]

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]

acting director
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



Missouri Department of Health and Senior Services
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2956 VOICE 1-800-735-2466
 Margaret T. Donnelly
 Director



Jeremiah W. (Jay) Nixon
 Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Agency: Thayer Police Department
 Serial Number: SD 2301
 Manufacturer: Guth
 Model Number: 10-4D

CALIBRATION RESULTS

<u>Reference Temperature</u>	<u>Simulator Temperature</u>
34.00	34.0

This calibration was performed with NIST-Traceable Thermometer SN: 304447

This calibration was performed by: Brian M. Lutmer

This calibration was performed: 03/12/2014

COPY OF CALIBRATION STICKER

This simulator has been calibrated according to DHSS specifications



SIMULATOR SERIAL NO.:	SD2301
EXPIRATION DATE:	03/12/2015
DATE OF CALIBRATION:	03/12/2014
NIST REF. THERM. SERIAL NO.:	304447
AVERAGE SIM. TEMP.:	34.00 C
ANALYST INITIALS:	BML