



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

RECEIVED
 By Carol Day at 3:44 pm, Aug 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 07/30/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) Thayer Police Dept. 102 Front St. Thayer, Mo 65791 | | TIME OF INSPECTION 11:47 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) 07/30/2014 23:47 |
| <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 |

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER Guth Lab LOT # 14030 EXP. DATE 01/20/2016

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 \leftarrow .098 | TEST 2 \leftarrow .099 | TEST 3 \leftarrow .100 |
|--------------------------|--------------------------|--------------------------|

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 1 | (0-.04) <u> </u> | (.05-.09) <u> </u> | (.10-.14) 3 | (.15-.19) <u> </u> | OVER .19 <u> </u> |
|------------|---------------------------|-----------------------------|-------------|-----------------------------|----------------------------|

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 <i>Sgt. James A. Martin 710924</i> | PRINT FULL NAME Sgt. James A. Martin |
|---|---|

| | |
|--|------------------------------------|
| TYPE II 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.

550 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 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 Certified 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
07/30/14

TESTING OFFICER:
MARTIN/JAMES/A
OFFICER I.D.: 4094
PERMIT NUMBER: 290328
EXPIRATION DATE: 12/23/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 23:50 |
| INTERNAL STANDARD | VERIFIED | 23:50 |
| EXTERNAL STANDARD | .098 | 23:50 |
| BLANK TEST | .000 | 23:51 |
| EXTERNAL STANDARD | .099 | 23:51 |
| BLANK TEST | .000 | 23:52 |
| EXTERNAL STANDARD | .100 | 23:53 |
| BLANK TEST | .000 | 23:53 |

n = 3
SIM. = .1
AVG. = .099

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201231
07/30/14
23:47

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

Signature Sgt. J. A. Martin 4094

Operator Signature Sgt. J. A. Martin 4094

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201231
07/30/14

ARREST TIME: 22:30
SUBJECT NAME:
MASTER/DATA
DOB: 02/27/00 SEX: M
STATE/D.L.: MO/012345
ARRESTING OFFICER:
MARTIN/JAMES
OFFICER I.D.: 4094
TESTING OFFICER:
MRTIN/JAMES
OFFICER I.D.: 4094
PERMIT NUMBER: 230328
EXPIRATION DATE: 12/23/15
MISCELLANEOUS DATA:
R.F.I TEST
R.F.I TEST

--- BREATH ANALYSIS ---

| | | |
|--------------------|----------|-------|
| BLANK TEST | .000 | 23:58 |
| INTERNAL STANDARD | VERIFIED | 23:58 |
| RADIO INTERFERENCE | | |

Operator Signature

Sgt. J. O. Martin 71094



Missouri Department of Health and Senior Services
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-8400 FAX: 573-751-6010
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2866 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: DML



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

2

PERMIT
TYPE II

JAMES A MARTIN

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 section: 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 12/23/2013

NUMBER 230328

EXPIRES 12/23/2015

MO 530-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (66-10)